2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P98000022215

Entity Name: ONE TO ONE MANAGEMENT CONSULTING, INC.

Current Principal Place of Business:

1500 OCEAN DRIVE
#401
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1500 OCEAN DRIVE
#401
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-3498287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARBUCIAS, MIRMA J
1500 OCEAN DRIVE
401
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARBUCIAS, MIRMA J
Address: 1500 OCEAN DRIVE # 401
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD ( ) Delete
Name: ARBUCIAS, ANTHONY
Address: 1500 OCEAN DRIVE # 401
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: ARBUCIAS, JOYCE
Address: 1500 OCEAN DRIVE # 401
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete
Name: MORALES, IBRA B
Address: 1500 OCEAN DRIVE # 401
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRMA J. ARBUCIAS PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date