

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066647

Entity Name: 1 STOP STEAMERS INC.

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX. 141313  
GAINESVILLE, FL 32614

**New Principal Place of Business:**

13524 SW 9TH LN  
MIAMI, FL 33184

**Current Mailing Address:**

PO BOX. 141313  
GAINESVILLE, FL 32614

**New Mailing Address:**

FEI Number: 65-0937798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLORZANO, LESTER  
11325 SW 161 COURT  
MIAMI, FL 33196 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: CEO ( ) Delete  
Name: SOLORZANO, LESTER  
Address: 11325 SW 161 COURT  
City-St-Zip: MIAMI, FL 33196 US

Title: VP ( ) Delete  
Name: SOLORZANO, ALEXIS A  
Address: P.O. BOX 241  
City-St-Zip: O'BRIEN, FL 32071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LESTER SOLORZANO

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date