


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N26074 |  |
| 1. Entity Name LIGHT UP MIAMI, INC. | |

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|--|--|
| Principal Place of Business 100 N. BISCAYNE BLVD SUITE #1114 MIAMI, FL 33132 US | Mailing Address 100 N. BISCAYNE BLVD SUITE #1114 MIAMI, FL 33132 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01292008 Chg-NP CR2E037 (12/06)

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 65-0072143 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| NEARING, MICHEL G KLUGER, PEREZ, KAPLAN & BERLIN, P.L. 201 SOUTH BISCAYNE BLVD. 17TH FLOOR MIAMI, FL 33131 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|--|------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|-------------------------------|---------------------------------|--|---|--------------------------|---|--|
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BATISTA, CARLOS | | | NAME | U00000946545 | | |
| STREET ADDRESS | 613 OCEAN DRIVE, UNIT 11-C | | | STREET ADDRESS | 05/30/08-80052-015 70.00 | | |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARRIS, JEFFREY | | | NAME | | | |
| STREET ADDRESS | 2412 SW 16TH AVE. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NEARING, MICHEL G | | | NAME | | | |
| STREET ADDRESS | 201 S. BISCAYNE BLVD. 17TH FL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33131 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____