


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 21 PM 4: 31

(Page: 1) OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057715			
1. Entity Name ONUP GROUP CORPORATION			
Principal Place of Business 7001 SW 97TH AVE MIAMI, FL 33173 US		Mailing Address 7001 SW 97TH AVE MIAMI, FL 33173 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12082006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0513337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARRICARTE, MICHAEL 7001 SW 97TH AVE MIAMI, FL 33173	7. Name and Address of New Registered Agent Name Maltby, Alfred D. Street Address (P.O. Box Number is Not Acceptable) 7001 SW 97th Avenue City Miami, FL Zip Code 33173
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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700082709627 12/21/06--01036--015 **\$61.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRICARTE, MICHAEL 7001 SW 97TH AVE MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davies, Julian P. 15-19 Bloomsbury Way London, UK WC1A 2BA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holden, Dean A. 15-19 Bloomsbury Way London, UK WC1A 2BA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nyren, Charles W. 7001 SW 97th Avenue Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Maltby, Alfred D. 7001 SW 97th Avenue Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez-Preusse, Francisco 7001 SW 97th Avenue Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Swain, Corinna J. 7001 SW 97th Avenue Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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: Francisco Lopez-Preusse Date: 12.19.06 Daytime Phone #: 321-275-1400

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		12082006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-0513337	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARRICARTE, MICHAEL 7001 SW 97TH AVE MIAMI, FL 33173			Name Maltby, Alfred D. Street Address (P.O. Box Number is Not Acceptable) 7001 SW 97th Avenue City Miami, FL Zip Code 33173		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRICARTE, MICHAEL 7001 SW 97TH AVE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Headley, John C. Russell House, Russell Mews Brighton, UK BN1 2HZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____		_____ Signature and typed or printed name of signing officer or director Date: Francisco Lopez-Preusse 12.19.06 305-271-1400			