2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 14, 2007 8:00 am **DOCUMENT # P01000044026 Secretary of State** 1. Entity Name 4 GUP, INC. 03-14-2007 90026 003 ***150.00 Principal Place of Business Mailing Address 4434 E. WHITEWATER AVE. 4434 E. WHITEWATER AVE. WESTON, FL 33332 WESTON, FL 33332 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 291 FERN 291 FERN DRIVE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For WESTON. WESTON 65-1109706 Not Applicable ^{Zip} 333226 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, VLADIMIR J. Street Address (P.O. Box Number is Not Acceptable) 4434 E. WHITEWATER AVE. WESTON, FL 33332 291 FERN DRIVE City WESTON 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. VLADIMIL GARCIA SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Delete TITLE TITLE ☐4 Change ☐ Addition GARCIA, VLADIMIR J. GARCIA, VLADIMIR NAME NAME 291 FERN DRIVE 4434 E. WHITEWATER AVE. STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP WESTON, FL 33332 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 2/19/07 (954)309-7051 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

FILED