

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # G87581 1. Entity Name UP, UP AND AWAY, INC.				Apr 28, 2004 08:00 AM Secretary of State	
Principal Place of Business 11870 WEST STATE ROAD 84 SUITE C-3 DAVIE, FL 33325 US		Mailing Address 11870 WEST STATE ROAD 84 SUITE C-3 DAVIE, FL 33325 US		%	
DO NOT WRITE IN THIS SPACE				04232004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2356790	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUGERMAN, BARBARA 11870 WEST STATE ROAD SUITE C-3 DAVIE, FL 33325				DO NOT WRITE IN THIS SPACE	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U00000136242 04/28/04-80083-021 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUGERMAN, BARBARA 11870 WEST STATE ROAD 84 DAVIE, FL 33325				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 				4/24/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	