

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69030

FILED  
Mar 03, 2007  
Secretary of State

Entity Name: BUCKLE UP, INC. OF MIAMI

## Current Principal Place of Business:

1500 SAN REMO AVE  
SUITE 125  
CORAL GABLES, FL 331463054 US

## New Principal Place of Business:

9495 WEST MAIDEN COURT  
VERO BEACH, FL 32963 US

## Current Mailing Address:

1500 SAN REMO AVE  
SUITE 125  
CORAL GABLES, FL 331463054 US

## New Mailing Address:

9495 WEST MAIDEN COURT  
VERO BEACH, FL 32963 US

FEI Number: 59-2560681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE  
STE 125  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

LOUGHLIN, ROBERT E  
9495 WEST MAIDEN COURT  
VERO BEACH, FL 32963 US

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: ROBERT E. LOUGHLIN

03/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOUGHLIN, ROBERT  
Address: 5890 SW 102ND ST  
City-St-Zip: PINECREST, FL 33156

Title: VD ( ) Delete  
Name: LOUGHLIN, EVELYNE  
Address: 5890 SW 102ND ST  
City-St-Zip: PINECREST, FL 33156

Title: VT ( ) Delete  
Name: MARTIN, CAROLYN L  
Address: 5890 SW 102ND ST  
City-St-Zip: PINECREST, FL 33156

Title: VS ( ) Delete  
Name: LEVIN, HOLLY LOUGHLIN  
Address: 5890 SW 102ND ST  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOUGHLIN, ROBERT  
Address: 9495 WEST MAIDEN COURT  
City-St-Zip: VERO BEACH, FL 32963

Title: VD (X) Change ( ) Addition  
Name: LOUGHLIN, EVELYNE  
Address: 9495 WEST MAIDEN COURT  
City-St-Zip: VERO BEACH, FL 32963

Title: VT (X) Change ( ) Addition  
Name: MARTIN, CAROLYN L  
Address: 1906 CELTIC ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VS (X) Change ( ) Addition  
Name: LEVIN, HOLLY LOUGHLIN  
Address: 3408 HEATHER DRIVE  
City-St-Zip: AUGUSTA, GA 30909

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E. LOUGHLIN

PD

03/03/2007

Electronic Signature of Signing Officer or Director

Date