

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004235

FILED
Apr 29, 2008
Secretary of State

Entity Name: GEAR-UP, INC.

Current Principal Place of Business:

226 ANTIQUERA
SUITE #2
CORAL GABLES, FL 33134

New Principal Place of Business:

4969 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33067

Current Mailing Address:

PO BOX 911
SOUTH SALEM, NY 10590

New Mailing Address:

FEI Number: 43-1964922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRERA, ADRIANA
226 ANTIQUIRA
SUITE#2
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CARRERA, ADRIANA
4969 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33067 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:

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARRERA, MONICA
Address: PO BOX 911
City-St-Zip: SOUTH SALEM, NY 10590

Title: P () Delete
Name: BONFIGLIO, TOM
Address: PO BOX 911
City-St-Zip: SOUTH SALEM, NY 10590

Title: D () Delete
Name: GAMBARO, PATRICK
Address: PO BOX 911
City-St-Zip: SOUTH SALEM, NY 10590

Title: F () Delete
Name: FORRAS, VINCENT
Address: PO BOX 911
City-St-Zip: SOUTH SALEM, NY 10590

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TO, PETER
Address: PO BOX 911
City-St-Zip: SOUTH SALEM, NY 10590

Title: D () Change (X) Addition
Name: WILZIG, ALAN
Address: PO BOX 911
City-St-Zip: SOUTH SALEM, NY 10590

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA CARRERA

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date