

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009484

FILED
Jan 03, 2006
Secretary of State

Entity Name: THE TEAM UP CENTER, INC.

Current Principal Place of Business:

20710 SW 248 ST.
HOMESTEAD, FL 33031

New Principal Place of Business:

20710 SW 248 ST
HOMESTEAD, FL 33031

Current Mailing Address:

20710 SW 248 ST.
HOMESTEAD, FL 33031

New Mailing Address:

P O BOX 162007
MIAMI, FL 33116

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALANDY, HAROLYN
20710 SW 248 ST.
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALANDY, HAROLYN
Address: 20710 SW 248 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: SALANDY, ROGER
Address: 20710 SW 248 ST.
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: PHAIR, CALVETTA
Address: P.O. BOX 170654
City-St-Zip: HIALEAH, FL 33017

Title: D () Delete
Name: DESOUZA, DONNISE A.
Address: 12367 SW 145 ST.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: HOLDER, CARLYLE
Address: 846 NE 54 TERRACE
City-St-Zip: COLEMAN, FL 33521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALANDY, HAROLYN
Address: P O BOX 162007
City-St-Zip: MIAMI, FL 33116

Title: D (X) Change () Addition
Name: SALANDY, ROGER
Address: P O BOX 162007
City-St-Zip: MIAMI, FL 33116

Title: D (X) Change () Addition
Name: PHAIR, CALVETTA
Address: P O BOX 162007
City-St-Zip: HOMESTEAD, FL 33116

Title: D (X) Change () Addition
Name: DESOUZA, DONNISE A.
Address: P O BOX 162007
City-St-Zip: MIAMI, FL 33116

Title: D (X) Change () Addition
Name: HOLDER, CARLYLE
Address: P O BOX 162007
City-St-Zip: MIAMI, FL 33116

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLYN SALANDY

PRES

01/03/2006

Electronic Signature of Signing Officer or Director

Date