

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003434

FILED
Feb 23, 2004
Secretary of State**Entity Name:** GETTIN BUSY, INC.**Current Principal Place of Business:**11230 SW 132ND COURT WEST
MIAMI, FL 33186 US**New Principal Place of Business:**19260 SW 222 STREET
MIAMI, FL 33170 US**Current Mailing Address:**11230 SW 132ND COURT WEST
MIAMI, FL 33186 US**New Mailing Address:**19260 SW 222 STREET
MIAMI, FL 33170 US**FEI Number:** 65-0511811**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PALL, LORRAINE M
11230 SW 132ND COURT WEST
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**PALL, LORRAINE M
19260 SW 222 STREET
MIAMI, FL 33170 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: LORRAINE M. PALL

02/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALL, LORRAINE M
Address: 11230 SW 132ND COURT WEST
City-St-Zip: MIAMI, FL 33186 US

Title: D () Delete
Name: ZALUSKI, ELIZABETH D
Address: RUA MIGUEL PEREIRA 50/502
City-St-Zip: HUMAITA, RJ 22261 BR

Title: D () Delete
Name: BYRNES, JOHN J
Address: 400 S. POINT DR., # 1002
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D () Delete
Name: CARLIER, ROGER M
Address: 3121 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALL, LORRAINE M
Address: 19260 SW 222 STREET
City-St-Zip: MIAMI, FL 33170 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORRAINE M. PALL

PD

02/23/2004

Electronic Signature of Signing Officer or Director

Date