## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000011561

Entity Name: TOUCH-UP ENTERPRISES, INC.

FILED Mar 27, 2009 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
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2335 NW 107 AVE BOX 46 5960 NW 99 AVE. STE 2M-22 UNIT # 2

MIAMI, FL 33172 MIAMI, FL 33178 US

Current Mailing Address: New Mailing Address:

2335 NW 107 AVE BOX 46 5960 NW 99 AVE.

STE 2M-22 UNIT # 2 MIAMI, FL 33172 UNIT # 3 US

FEI Number: 65-0982452 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATES, LISSETTE
7925 NW 12 STREET
5925 NW 10 STR

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: 03/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: NICOLAS, NAJIB NICOLAS, NAJIB Name: Name: 16221 SW 49 CRT 16221 SW 49 CRT Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33027 US

Title: S,VP ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 NICOLAS, MICHEL
 Name:
 CAPUTO, MARIO

 Address:
 16239 NW 49 CT
 Address:
 7101 NW 111 AVE

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:
 DORAL, FL 33178

Name: NICOLAS, SOFIA Name: NICOLAS, SOFIA NW
Address: 1101 BRICKELL AVE SUITE G-1 Address: 1101 BRICKELL AVE SUITE G-1

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 US

Title: ( ) Delete Title: S, D ( ) Change (X) Addition

 Name:
 Name:
 NICOLAS, MICHEL

 Address:
 Address:
 16239 SW 49 CT

 City-St-Zip:
 City-St-Zip:
 MIRAMAR, FL 33027 US

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

SIGNATURE: NAJIB NICOLAS PD 03/27/2009