

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000053426					
1. Entity Name FILLER UP INC					
Principal Place of Business 13250 ARCH CREEK TERRACE NORTH MIAMI, FL 33181 US			Mailing Address 132590 ARCH CREEK TERRACE NORTH MIAMI, FL 33318-1 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3697758	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIERICO, PAULA A 13250 ARCH CREEK DRIVE NORTH MIAMI, FL 33181			Name BARBARA MILLER Street Address (P.O. Box Number is Not Acceptable) 2015 ARCH CREEK DRIVE City NORTH MIAMI, FL Zip Code 33181		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Barbara Miller</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIERICO, PAULA A 13250 ARCH CREEK TERRACE NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BARBARA MILLER 2015 ARCH CREEK DRIVE NORTH MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIERICO, RICHARD A 13250 ARCH CREEK TERRACE NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043168473 12/03/04--01025--011 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12/01/04 (305) 891-1580 <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11302004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3697758

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIERICO, PAULA A
13250 ARCH CREEK DRIVE
NORTH MIAMI, FL 33181

Name **BARBARA MILLER**
Street Address (P.O. Box Number is Not Acceptable)
2015 ARCH CREEK DRIVE
City **NORTH MIAMI, FL** Zip Code **33181**

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Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE: Barbara Miller 12/01/04 (305) 891-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #