2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2007 8:00 am Secretary of State 05-18-2007 90214 001 ***450.00

5/:

1. Entity Nam	MENT # P0600010 up franchise, inc.	5020				03-16-2	.007 902	14 001	430.00
Principal Plac	Malling Address	Address		1 .					
5100 NORTH FEDERAL HWY		5100 NORTH FEDERAL HWY				- A O O O H			
UNIT 100 Fort Lauderdale, FL 33308		UNIT 100	UNIT 100 FORT LAUDERDALE, FL 33308			018927			
FUNT LAUDERDALE, PL 33300 FUNT EAUDERDALI			LF 22200				AMAM KAN	COM ezre ven e	IMD A AR
2. Principal Place of Business - No P.O. Box #		3. Maiting Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numi	per		Re-sti	pplied For of Applicable
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	0	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent.			7. Name an	d Address of New	Registered		
RANEY, D 5100 NOR UNIT 100			Street Address	(P.O. Box Num	per is Not Acceptab	łe)			
FORT LAUDERDALE, FL 33308									
				City	* ****		FL	Zip Cod	te
8. The above	named entity submits this statement (or the purpose of changing i	Is register	ed office or registe	ved agent, or b	oth, in the State of F		familiar with	and accept
the obligat	ions of registered agent.		•						
SIGNATURE_	Signeture, typed or printed name of registored agen	st and sitle if applicable. (NC	DTE. Plagester	nd Agent signature require	o when retretating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be led to Fees				
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	P Delete		TITL					☐ Change	Addition
STREET ADDRESS	5100 NORTH FEDERAL HWY	- UNIT 100	***						
CITY-ST-ZIP	FORT LAUDERDALE, FL 3330	8	CITY	-ST-70P					
TITLE		☐ Defete	TITL	E	· · ·			Change	Addition
NAME EXECUTA ADDRESS			NAM	·					
STREET ADDRESS CITY+ST-ZIF				ET ADORESS -ST-ZIP					
TITLE		☐ Delete	TITL					Change	Addition
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NAME STREET ADDRESS			NAM	·					j
CITY-ST-ZIP			1	ET ADDRESS - ST - ZIP					ĺ
TIFLE		☐ Delete	nne		····			☐ Change	Addition
NAME		—	NAM	£					
STREET ADDRESS CITY-ST-ZIP			CITY	ET ADORESS - ST-ZIP					
12. I hereby of indicated of the con chanced	ertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	h this lithin does not qualify is true and accurate and that soveres to execute this report with all other liths empowers	for the exe my signal rt as requir	emptions contained ture shall have the red by Chapter 60	in Chapter 115 same legal effe 7. Florida Statute	e, Floride Statutes. I ct as if made under es; and that my name	further cert oath; that i a e appears it	ify that the in am an officer in Block 10 or	formation or director Block 11 if
SIGNAT		for			/	/ - //	_	289 J	
JIGITAL	MIGHATURE AND TYPED OR	PRINTED NAME OF SIGHING OFFICE	R OR DIRECT	ror		Date		System Phone 6	<u> </u>