## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P93000064481** 1. Entity Name UP 2 SPEX, INC. Mailing Address Principal Place of Business 8231 SOUTH DIXIE HIGHWAY 8231 SOUTH DIXIE HIGHWAY MIAMI, FL 33143 US MIAMI, FL 33143 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0436534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DUNLAP, LORI R DO NOT WRITE CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET IN THIS SPACE TALLHASSEE, FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WEISS, LORI S NAME STREET ADDRESS 11750 NORTH KENDALL DRIVE MIAMI, FL 33186 CITY-ST-ZIP U00000353953 TITLE 05/03/05-80087-018 150.00 NAME WEISS, LORI S 11750 NORTH KENDALL DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIT! F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if shade 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 gither like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/27/-3199

**FILED**