2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	AMENDED A		-		7	1 1 1	_ED	
1. Entity Na	DOCUMENT # P9400057715 I. Enlity Name ONUP GROUP CORPORATION				06 DEC 21 PM 4: 31 .:(Pagel:1) OF STATE TALLAHASSEE, FLORIDA			
Principal Pla	ce of Business	Mailing Address			}			
7001 SW 97	7TH AVE	7001 SW 97TH AVE						
	33173 US	MIAMI, FL 33173 US	S		1			
)		•						
2. Principal I	Place of Business	3. Mailing Address						<u> </u>
<u> </u>)			
Suite, Apt	t, #, etc.	Suite, Apt. #, etc.			12082006	Chg-P	CR2E034 (11/0	5)
0: 00:	 						·	·
City & Sta	ll e	City & State			4. FEI Number	227	<u> </u>	Applied For
Zip	Country	Zip	Country		65-0513	33/		Not Applicable
ZIP	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 / Fee Regu	Additional
	6. Name and Address of Curre	nt Registered Agent			7 Name and A	ddress of New Re	<u>_</u>	
	o. Name and Adordso of Carre	it registered Agent	Name		1. Nume and A	duress of New Ne	gistered Agent	
CARRICA	RTE, MICHAEL			ultb	v. Alfre	d D.		
7001 SW			Street A	ddress (P.O. Box Number	is Not Acceptable)	1	
MIAMI, FL	. 33173		//	101 3	<u>SW 97th</u>	Avenue		
			City				FL 339	ode_
		, , , , , , , , , , , , , , , , , , , 		<u>ami</u>				
	e named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office of	r register	ed agent, or both,	in the State of Flor	ida. I am familiar wi	th, and accept
(1.5 52gu	S. rogisterou agerii.							
SIGNATURE.								
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered Agent signat	nie ledhileq	when reinstating)		DATE	
Am	ended AR is \$61.25	Section Campaign Trust Fund Contrib		\$5.	00 May Be	70601036		i i oc
		Trust Tollo Continu	Janon. 55	Adde	20 10 Lees 51, 1	1.00==01030	9""UID 776	31.23
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFIC	ERS AND DIRECTO	ORS IN 11
TITLE	D	Delete	TITLE	D			∠ Chang	e 🔲 Addition
NAME	CARRICARTE, MICHAEL	7. \	NAME		ies, Ju			
STREET ADDRESS	7001 SW 97TH AVE		STREET ADDRESS	15-	13 Brooi	msbury W WC1A 2B	ay	
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NAME		L Delete	R	D,			☐ Change	e 🖾 Addition
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	_	- Deisie	NAME Street address	Hol	den, Dea	an A. msbury W WC1A 2B		e 🖾 Addition
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TITLE NAME	Min	1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Hol 15- Lon Nyr 700 Mia	en, Charles 97	msbury W WC1A 2B rles W. th Avenu	ay A □ Change	
TITLE NAME STREET ADDRESS	Min	1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Hol 15- Lon D Nyr 700 Mia	en, Chair SW 97	msbury WWC1A 2B rles W. th Avenu 33173	Change	e 🔀 Addilion
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2006 FOR PROFIT CORPORATION

	AM	ENDED A	NUAL	REPOR	T					
DOCUMENT # P94000057715 1. Entity Name				S. C.						
ONUP GROUP CORPORATION							(Page 2))		
Principal Plac	ce of Busines	ss	Mailing Add							
7001 SW 97 MIAMI, FL 3		S	7001 SW ! MIAMI, FL							
2. Principal F	Place of Busi	ness	3. Mailing A	ddress	,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 18111 E1817 USAN BAM BAM	i- Dailai Biji; i-aa-i iBab.; i,;		
City & State		City & State			_	12082006 4. FEI Numb	Chg-P er	CR2E034 (11/	Applied For	
Zip		Country	Zip		Country		65-051		\$8.75	Not Applicable Additional
210	<u> </u>				т т			of Status Desired	Fee Rec	
	6. Name	and Address of Curre	nt Registered Age	ent	Name			Address of New R	egistered Agent	
CARRICA 7001 SW					Street	<u>Māltb</u> Address (F	y, Alf	red D. er is Not Acceptable		
MIAMI, FL		•				7001	SW 97t	er is Not Acceptable h Avenue	<u></u>	 _
					City			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FL Zig1	3 ⁹ 73
		y submits this statement	for the purpose of	changing its reg		Miami orregistere		th, in the State of Flo		
the obligat	tions of regist	tered agent.								
SIGNATURE	Signature, typed	or printed name of registered ago	ent and title if applicable.	(NOTE: Re	egistered Agent sign	ature required	when reinstating)		DATE	
Am	ended Af	R is \$61.25		ction Campaign st Fund Contribu			00 May Be ed to Fees			
10.		OFFICERS AN	ID DIRECTORS		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECT	FORS IN 11
TITLE	D	RTE, MICHAEL		Delete .	TITLE NAME	T Hea	adlev.	John C.	Chan	nge 🔀 Addition
NAME Street address City-St-Zip	1	97TH AVE		a 2323	STREET ADDRESS CITY-ST-ZIP	Rus	sell'H ighton,	John C. louse, Ru UK BN!	ssell Me 2HZ	ws
TITLE] Delete	TITLE				☐ Chan	nge 🔲 Addition
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NAME			_	. 0000	NAME					,,
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12. Thereby c	ertify that the	information supplied wi	ith this filing does r	not qualify for th	e exemptions	contained i	n Chapter 119	, Florida Statutes. I f	urther certify that th	ne information
indicated of the corp	on this repor poration or th	t or supplemental report e receiver or trustee em chment with an address	is true and accura powered to execute	te and that my s e this report as r	ignature shall lequired by Ch	nave the sa apter 607.	ime legal etteci Florida Statute:	i as if made under or s; and that my name	ath; that I am an offic appears in Block 1(cer or director 0 or Block 11 if
SIGNAT	URE:			\equiv $_{-}$	Lopez	-freu	SC 12.	19.06 3.	W-17V-1	400
		SIGNATURE AND TYPED OF	PRINTED NAME OF 619	HING OFFICER OR D	RECTOR			Dare	Daytime Phone	a #