

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102989

Entity Name: ELEPHANT UP, INC.

FILED
Mar 14, 2009
Secretary of State

Current Principal Place of Business:

C/O LAW OFFICES OF MARK B. SLAVIN
2020 N.E. 163RD STREET SUITE 300
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

C/O LAW OFFICES OF MARK B. SLAVIN
2020 N.E. 163RD STREET SUITE 300
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

19195 MYSTIC POINTE DRIVE
2007
AVENTURA, FL 33180

FEI Number: 65-0965242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAVIN, MARK B ESQ.
2020 N.E. 163RD STREET SUITE 300
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAMMEL, DIANE
Address: 2020 N.E. 163RD STREET SUITE 300
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZAMMEL, DIANE
Address: 2020 N.E. 163RD STREET SUITE 300
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: DIANE ZAMMEL

D

03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date