2004 FOR PROFIT CORPORATION

FILED Jan 15, 2004 8:00 am **Secretary of State**

01-15-2004 90007 019 ***150.00

ANNUAL REPORT	
DOCUMENT # P00000026811 1. Entity Name SPOLI INVESTMENTS, INC.	

Principal Place of Business Mailing Address 11UU66f0 1220 JIMMY ANN DR. 1220 JIMMY ANN DR. DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, 'Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01072004 Applied For City & State City & State 4. FEI Number 59-3630728 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OL, PAMELA Street Address (P.O. Box Number is Not Acceptable) 1220 JIMMY ANN DR. DAYTONA BEACH, FL 32117 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be -FILE NOW!!!--FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE OLI, PAMELA 1: NAME NAME 1144 BARBARA DRIVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32117 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME OLI, SAMPSON NAME STREET ADDRESS 1144 BARBARA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32117 Delete TITLE Change **Addition** Ivy Umeh NAME NAME 1220 Jimmy Ann Drive STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32117 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP= Delete ☐ Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .. CITY-ST-ZIP 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 period 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 employeer to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the reco

SIGNATURE:

SIGNATURE AND TYPED O