

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011018

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: SP CONSULTANTS CORP.

**Current Principal Place of Business:**

21300 SAN SIMEON WAY  
#L 7  
MIAMI, FL 33179

**New Principal Place of Business:**

21300 SAN SIMEON WAY  
# L 7  
MIAMI, FL 33179 US

**Current Mailing Address:**

PO BOX 800811  
MIAMI, FL 33280

**New Mailing Address:**

PO BOX 800811  
AVENTURA, FL 33280 US

FEI Number: 65-1076536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POZZI, SONIA REGINA  
21300 SAN SIMGON WAY #27  
APT 240  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

POZZI, SONIA REGINA  
21300 SAN SIMGON WAY  
# L 7  
MIAMI, FL 33179 US

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

04/29/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POZZI, SONIA REGINA  
Address: 21300 SAN SIMEON WAY #27  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SONIA REGINA POZZI

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date