
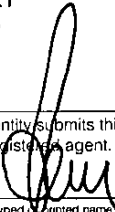
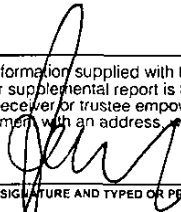


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000815			<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">06 JAN -5 PM 3:26</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
1. Entity Name SPEDIL CORPORATION		Principal Place of Business 54 NW 11 STREET MIAMI, FL 33136	
Mailing Address 54 NW 11 STREET MIAMI, FL 33136		2. Principal Place of Business 1602 Alton Rd. Suite, Apt. #, etc. 88	
3. Mailing Address 1602 Alton Rd. Suite, Apt. #, etc. 88		4. FEI Number 01032006 Chg-P CR2E034 (11/05)	
City & State Miami Beach FL		City & State Miami Beach FL	
Zip 33139		Zip 33139	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GIOVANNI, BELOSSI 54 NW 11 STREET MIAMI, FL 33136		7. Name and Address of New Registered Agent Name: Giovanni Belossi Street Address (P.O. Box Number is Not Acceptable) 1602 Alton Rd. Ste 88 Miami FL 33139 City: Miami FL 33139 State: FL Zip Code: 33139	
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: Jan 3, 2006	
(NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SPERATI, MARIO STREET ADDRESS: 54 NW 11 STREET CITY-ST-ZIP: MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE: President NAME: Luciano Quatrida STREET ADDRESS: 1602 Alton Rd. Ste 88 CITY-ST-ZIP: Miami Beach FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MASSAGLIA, TANCREDI STREET ADDRESS: 54 NW 11 STREET CITY-ST-ZIP: MIAMI, FL 33136	<input type="checkbox"/> Delete	100063986131 01/18/06--01079--039 ***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MAURIZIO, CHIANESE STREET ADDRESS: 54 NW 11 STREET CITY-ST-ZIP: MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: Jan 3, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	