


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State


03-13-2008 90026 044 ***150.00

| | |
|---|---|
| DOCUMENT # P94000042488 |  |
| 1. Entity Name SPACER CORPORATION | |

| | |
|---|---|
| Principal Place of Business 3183 NW 103 CT DORAL, FL 33172 US | Mailing Address 3183 NW 103 CT DORAL, FL 33172 US |
|---|---|

DO NOT WRITE IN THIS SPACE

40044181



03062008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0496379 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ANGEL SUANEZ, CPA
9280 SW 21 STREET
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS MIQUEL A CERVERA-SARDA 3183 NW 103 CT DORAL, FL 33172 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: *Miquel A Cervera* **MAR 13 9 4 08** **305 470 2341**

MIQUEL A. CERVERA Date Daytime Phone #