

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90075 006 ***150.00

DOCUMENT # S82785					
1. Entity Name S.P.A. CORPORATION					
Principal Place of Business 19111 COLLINS AVE APT 2103 NORTH MIAMI BEACH, FL 33160 US			Mailing Address 19111 COLLINS AVE ← 19111 APT 2103 NORTH MIAMI BEACH, FL 33160 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DURAN, ALFREDO G 2601 S. BAYSHORE DR., STE 1400 MIAMI, FL 33133				Name ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable) 2340 So. Dixie Highway City Miami FL Zip Code 33133	
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 1/10/08	
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: <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEISAJOVICH, SANTIAGO		NAME		
STREET ADDRESS	19111 COLLINS AVE APT 2103		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEISAJOVICH, NOEMI		NAME		
STREET ADDRESS	19111 COLLINS AVE APT 2103		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEISAJOVICH, ILAN		NAME		
STREET ADDRESS	19111 COLLINS AVE APT 2103		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEISAJOVICH, AYELETH		NAME		
STREET ADDRESS	19111 COLLINS AVE APT 2103		STREET ADDRESS		
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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 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: 		SANTIAGO PEISAJOVICH		Date 1/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Overtime Phone # 305 933-8112	

40007921



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0502840 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

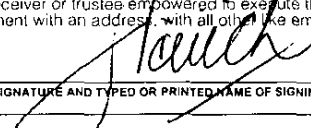
1/10/08

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SIGNATURE:  SANTIAGO PEISAJOVICH Date 1/10/08 Overtime Phone # 305 933-8112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR