

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 048 ***158.75

DOCUMENT # 546003

1. Entity Name

SPEARHEAD LIMITED, INC.



Principal Place of Business

21218 ST ANDREWS BOULEVARD #509
BOCA RATON FL 33433

Mailing Address

21218 ST ANDREWS BOULEVARD #509
BOCA RATON FL 33433



2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0729332**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, SCOTT
1440 CORAL RIDGE DRIVE #367
CORAL SPRINGS FL 33071

Name **MICHEL MARENGERE**

Street Address (P.O. Box Number is Not Acceptable)

21218 ST ANDREWS BLVD #509

City **BOCA RATON**

FL **33433**

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

Michel Marengere
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 10, 2007

PRESIDENT

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
NAME **TABIN, JEFF**
STREET ADDRESS **21218 ST ANDREWS BLVD #509**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **CHAIRMAN** ☐ Change ☒ Addition
NAME **MICHEL MARENGERE**
STREET ADDRESS **21218 ST ANDREWS BLVD #509**
CITY-ST-ZIP **BOCA RATON, FLORIDA, 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michel Marengere

APRIL 10, 2007

954-579-5952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #