

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90067 036 \*\*\*158.75

**DOCUMENT # 546997**

1. Entity Name  
**SPACE BUILDERS AND PLANNERS, INC.**



Principal Place of Business  
640 N.W. 133RD ST.  
NORTH MIAMI, FL 33168

Mailing Address  
640 N.W. 133RD ST.  
NORTH MIAMI, FL 33168

**24033515**



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1765104**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OPSTAL, GERARD  
965 NW 132ND ST  
NORTH MIAMI, FL 33168

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD OPSTAL, GERARD 965 NW 132ND ST NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OPSTAL, HOOGENSTIJN M. 965 NW 132ND ST NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OPSTAL, NEL 965 NW 132ND ST NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPST AL, MARCEL G 975 NW 132 STR NO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OPSTAL, MAURICE A 975 NW 132 STR NO MIAMI, FL
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 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #