

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90229 002 ***158.75

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03032005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business 5006 ARTHUR ST.		3. Mailing Address 5006 ARTHUR ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD FLA.		City & State HOLLYWOOD FLA.		4. FEI Number 59-1765104	
Zip 33021		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent OPSTAL, GERARD 965 NW 132ND ST NORTH MIAMI, FL 33168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OPSTAL, GERARD 965 NW 132ND ST NORTH MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OPSTAL, HOOGENSTIJN M. 965 NW 132ND ST NORTH MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OPSTAL, NEL 965 NW 132ND ST NORTH MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPST AL, MARCEL G 975 NW 132 STR NO MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OPSTAL, MAURICE A 975 NW 132 STR NO MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OPSTAL, MARCEL G 975 NW 132 ST NO MIAMI, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPSTAL, MAURICE A 975 NW 132 STR NO MIAMI, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPSTAL, MAURICE A 975 NW 132 STR NO MIAMI, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>GERARD OPSTAL</u> Date: <u>April 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					