## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State **DOCUMENT # 546997** 1. Entity Name SPACE BUILDERS AND PLANNERS, INC. Principal Place of Business Mailing Address 5006 AUTHUR STREET HOLLYWOOD FL 33021 5006 AUTHUR STREET HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1765104 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OPSTAL, GERARD Street Address (P.O. Box Number is Not Acceptable) 965 NW 132ND ST NORTH MIAMI FL 33168 City Zip Code FL 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE PO THE ☐ Delete OPSTAL, GERARD NAME NAME STREET ADDRESS STREET ADDRESS 965 NW 132ND ST CITY-ST-ZIP NORTH MIAMLEL CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition OPSTAL, NEL NAME NAME STREET ADDRESS 965 NW 132ND ST STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL COTY-ST-ZIP TITLE ☐ Delete 3111.5 ☐ Change ☐ Addition NAM OPSTAL, MARCEL G NAME STREET ADDRESS 975 NW 132 STR STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP NO MIAMI FL Detete TITLE TITLE ☐ Change Addition NAME OPSTAL, MAURICE A 975 NW 132 STR STREET AUDRESS STREET ADDRESS CITY-ST-ZP NO MIAMI FL CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addillon 🗌 NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CRTY - ST - ZIP THILE ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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.

TERAPO OP

March soch

FILED Mar 17, 2006 08:00 AM