2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 546997

City-St-Zip:

NO MIAMI, FL

Entity Name: SPACE BUILDERS AND PLANNERS, INC.

FILED Apr 09, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	HUR STREET DOD, FL 3302	1		5006 ARTHUR STREET HOLLYWOOD, FL 33021		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
	HUR STREET DOD, FL 3302	1		5006 ARTHUR STREET HOLLYWOOD, FL 33021		
FEI Number	: 59-1765104	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	l Address of	New Registered Agent:	
OPSTAL,C 965 NW 13 NORTH M		8 US	5006 ARTI	OPSTAL,GERARD 5006 ARTHUR STREET HOLLYWOOD, FL 33021 US		
	e named entity : e of Florida.	submits this statement for the	purpose of changing	its registered	I office or registered agent, or both,	
SIGNATU	RE:			04/09/2009		
	Electror	nic Signature of Registered Ag	jent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title: Name:	OPSTAL, GERA 965 NW 132NE NORTH MIAMI,) ST	Title: Name: Address: City-St-Zip: Title: Name:	OPSTAL, GE 5006 ARTHU HOLLYWOO	R STREET D, FL 33021 (X) Change () Addition	
Address: City-St-Zip:	965 NW 132ND ST		Address: City-St-Zip:	5006 ARTHUR STREET		
Title: Name: Address: City-St-Zip:	T () OPSTAL, MARO 975 NW 132 S' NO MIAMI, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	V () OPSTAL, MAUR 975 NW 132 S		Title: Name: Address:	ı	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GERARD OPSTAL PD 04/09/2009