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May 14, 2007 8:00 am
Secretary of State
04-20-2007 90078 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H97517

1. Entity Name
SPIVAK ENTERPRISES, INC.

66014600

02072007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3740 SAN JOSE PLACE JACKSONVILLE, FL 32257-5443 US	3740 SAN JOSE PL JACKSONVILLE, FL 32257-5443 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2605433 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVAK, MARK
~~4487 SUMMER HAVEN BLVD S~~ 1633 Inkberry Lane
~~JACKSONVILLE FL 32258~~ Jacksonville, FL 32259

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D SPIVAK, MARK 4487 SUMMER HAVEN BLVD. S. JACKSONVILLE, FL 32258	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1633 Inkberry Lane Jacksonville, FL 32259
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] / M. Spivak / 5/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #