


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 19 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # K28915</b> 1. Entity Name SPID COMPANY, INC.	
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Principal Place of Business 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0120919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DE OTADUY, JAVIER RES. LE MIRABEAU AVDA. 2 DE CITRONNIERS MONTECARLO, MONACO, 98000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300033471573  
04/21/04--01071--001 \*\*3000.00

**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:  2/19/04 305-381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #