

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000041553

1. Entity Name
SPILER ENTERPRISES, INC.



Principal Place of Business
**5250 NORTH KENDALL DR.
CORAL GABLES, FL 33156-2124**

Mailing Address
**5250 NORTH KENDALL DR.
CORAL GABLES, FL 33156-2124**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1011693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUR, ROBERT
5250 NORTH KENDALL DR.
CORAL GABLES, FL 33156-2124**

**DO NOT WRITE
IN THIS SPACE**

3. 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHUR, ROBERT
STREET ADDRESS	5250 NORTH KENDALL DR.
CITY - ST - ZIP	CORAL GABLES, FL 331562124
TITLE	D
NAME	SCHUR, ROBERT
STREET ADDRESS	5250 NORTH KENDALL DR.
CITY - ST - ZIP	CORAL GABLES, FL 331562124
TITLE	VPS
NAME	SCHUR, CATHERINE
STREET ADDRESS	5250 N. KENDALL DR.
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/10/06-80005-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Schur* **ROBERT SCHUR**

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1/4/06 (7-5/661-2003)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #