

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 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**



01052007 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**

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

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

U00000578025
01/09/07-80012-024 150.00

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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, Pres. **ROBERT SCHUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 (305) 661-2003

Date

Daytime Phone #