

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90028 046 ***150.00

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**

40025162



2. Principal Place of Business - No P.O. Box #

8289 SW 173 TERR.

3. Mailing Address

8289 SW 173 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112008 Chg-P CR2E034 (12/06)

City & State
Palmetto Bay, FL

City & State
Palmetto Bay, FL

4. FEI Number
65-1011693

Applied For
Not Applicable

Zip
33157

Country
USA

Zip
33157

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

8289 SW 173 TERRACE

City **Palmetto Bay**

FL

Zip Code **33157**

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, 2008 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 **P** ☐ Delete
NAME **SCHUR, ROBERT**
STREET ADDRESS **5250 NORTH KENDALL DR.**
CITY-ST-ZIP **CORAL GABLES, FL 331562124**

TITLE ☒ Change ☐ Addition
NAME **8289 SW 173 TERRACE**
STREET ADDRESS **Palmetto Bay, FL 33157**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHUR, ROBERT**
STREET ADDRESS **5250 NORTH KENDALL DR**
CITY-ST-ZIP **CORAL GABLES, FL 331562124**

TITLE ☒ Change ☐ Addition
NAME **8289 SW 173 TERRACE**
STREET ADDRESS **Palmetto Bay, FL 33157**
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **SCHUR, CATHERINE**
STREET ADDRESS **5250 N. KENDALL DR.**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☒ Change ☐ Addition
NAME **8289 SW 173 TERRACE**
STREET ADDRESS **Palmetto Bay, FL 33157**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Robert Schur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08 (305) 971-6810

Date

Daytime Phone #