


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000011018 1. Entity Name SP CONSULTANTS CORP.				FILED 06 APR 10 PM 12:23 TALLAHASSEE, FLORIDA	
Principal Place of Business 21300 SAN SIMEON WAY # L 7 MIAMI, FL 33179 US		Mailing Address PO BOX 800811 AVENTURA, FL 33280 US			
2. Principal Place of Business 481 IUES DAIRY RD Suite, Apt. #, etc. 303-D		3. Mailing Address ↑ SAME Suite, Apt. #, etc. /			
City & State MIAMI - FL		City & State /		4. FEI Number 65-1076536	
Zip 33179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POZZI, SONIA REGINA 21300 SAN SIMON WAY # L 7 MIAMI, FL 33179			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 <u><i>[Signature]</i></u> 04/06/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PD POZZI, SONIA REGINA <input type="checkbox"/> Delete 21300 SAN SIMEON WAY #27 MIAMI, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition POZZI, SONIA REGINA 481 IUES DAIRY RD; 303-D MIAMI - FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> 04/06/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					