2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90094 028 ***150.00

DOCUMENT # P01000011018

1. Entity Name
SP CONSULTANTS CORP.

Principal Place of Business	Mailing Address
1174 SW 5 AVE BOCA RATON, FL 33432 US	1174 SW 5TH AVE BOCA RATON, FL 33432 US

04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
481 IVES DAIRY	P.O. BOX 272218
Suite, Apt. #, etc. RD APT 303-D	Suite, Apt. #, etc.
City & State MIAMI - FL	City & State BOCA RATON, FL
Zip 33179 Country USA	Zip 33427 Country USA

4. FEI Number 65-1076536 ☐ Applied For ☐ Not Applicable

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
POZZI, SONIA REGINA R 1174 SW 5TH AVE BOCA RATON, FL 33432	Name SONIA R. POZZI Street Address (P.O. Box Number is Not Acceptable) 481 IVES DAIRY RD # 303-D City MIAMI FL Zip Code 33179

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] 04/22/08
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 NAME STREET ADDRESS CITY-ST-ZIP	PD POZZI, SONIA REGINA 1174 SW 5TH AVE BOCA RATON, FL 33432	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POZZI, SONIA REGINA 481 IVES DAIRY RD #303-D MIAMI - FL - 33179	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 04/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #