2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 AM Secretary of State

ANNOAL REPORT					Secretary of State			
DOCUMENT # P01000069140 1. Entity Name SPERT, INC.				Secretary of State				
Principal Plat 1877 SW 38 MIAMI, FL 3		Mailing Address 1877 SW 38 TERR MIAMI, FL 33175						
DO NOT WRITE IN THIS SPACE			CE	04112007	No Chg-P	CR2E034 (
				4. FEI Numb 65-112			Applied For Not Applicable	
ļ	6. Name and Address of Current R	egistered Agent	<u> </u>	5. Certificate	of Status Desired	□ \$8. Fee	75 Additional Required	
	, ALICIA CPA		DO	NOT W	DITE			
11877 SW 38 TERR MIAMI, FL 33175					THIS SE			
				111		ACE		
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its registe	red office or register	red agent, or bo	th. in the State of Fl	orida. 1 am famili	ar with, and accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent on	d file if applicable (NOTE Register	ed Agent signature required	3 when reinstating)		DATE		
FIL After M	.E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Stection Campaign Fina Trust Fund Contribution	~ _ +•.	.00 May Be led to Fees				
10.	OFFICERS AND D	IRECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	ALBAREDA, MARIA LUISA				t box	na ana ana ana ana an	_	
THE			1		000 04/23/	100070561 187-80059	7 -012 150.00	
STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								
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TITLE			1	IN 1	THIS SF	ACE		
NAME STREET ADDRESS CITY-ST-ZIP			J	·		- 		
MLE NAME								
STREET ADDRESS CHTY+ST+ZIP								
TITLE NAME			Ī					
STREET ADDRESS CITY-ST-ZIP								

12. Thereby 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.

ED MAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

805-798-2694

Daytime Phone #

SIGNATURE: _