

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90566 026 ***150.00

DOCUMENT # P01000100854

1. Entity Name
S.P., INC.



Principal Place of Business

1701 NW 75TH AVE
SUITE 109
PLANTATION, FL 33313

Mailing Address

1701 NW 75TH AVE
SUITE 109
PLANTATION, FL 33313

2. Principal Place of Business

9302 NW 54TH ST

Suite, Apt. #, etc.

3. Mailing Address

9302 NW 54TH ST

Suite, Apt. #, etc.



04122005

Chg-P

CR2E034 (10/03)

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-1152340

Applied For

Not Applicable

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGH, AMAN
1701 NW 75TH AVE
SUITE 109
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name

Street Address (table)

9302 NW 54TH ST
SUNRISE FL 33351

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, AMAN	
STREET ADDRESS	1701 NW 75TH AVENUE, SUITE 109	
CITY- ST- ZIP	PLANTATION, FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	9302 NW 54TH ST	
CITY- ST- ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMAN SINGH

Date

04/14/05 (954) 274-0418

Daytime Phone #