## 2006 FOR PROFIT CORPORATION

## May 04, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000100854 05-04-2006 90234 026 \*\*\*150.00 1. Entity Name S.P., INC. Principal Place of Business Mailing Address 40084551 9302 NW 54TH ST 9302 NW 54TH ST SUNRISE, FL 33351 SUNRISE, FL 33351 No Chg-P 03312006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1152340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINGH, AMAN DO NOT WRITE 9302 NW 54TH ST SUNRISE, FL 33351 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE n SINGH, AMAN NAME 1701 NW 75TH AVENUE, SUITE 109 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

**FILED**