2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000038189 04-30-2004 90280 037 ***150.00 S.P.R. VENTURE PARTNERS, INC. Principal Place of Business Mailing Address 1861 W. OAKLAND PARK BLVD. 1861 W. OAKLAND PARK BLVD. 94077022 FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 2. Principal Place of Business 432 N. W. 3. Mailing Address # Are 432 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04152004 Chg-P City & State City & State 4. FEI Number Applied For Springs Springs CUTAL 02-0579772 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PAPPAS, SPRIO R 1861 W. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311 N.W. 1114 Ave. 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE PAPPAS, SPIRO P NAME STREET ADORESS 1861 W. OAKLAND PARK BLVD. STREET ADDRESS FORT LAUDERDALE, FL 33311 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI F ☐ Addition CEDRONE, RICHARD CEDRONE RICHARD NAME NAME STREET ADDRESS 1861 W. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADD CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

FILED Apr 30, 2004 8:00 am Secretary of State