

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 SEP -8 PH 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044800

1. Entity Name  
SPOILERS USA, INC.



Principal Place of Business  
311 LAKE CREST COURT  
WESTON, FL 33326

Mailing Address  
311 LAKE CREST COURT  
WESTON, FL 33326



09072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3048663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MONCADA, ENRIQUE A SR.  
311 LAKE CREST CT.  
WESTON, FL 33326

**DO NOT WRITE  
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.

SIGNATURE

*[Signature]*

Signature of or printer name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MONCADA, ENRIQUE A SR.  
STREET ADDRESS 311 LAKE CREST COURT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33326

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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400059752444  
09/20/05--01003--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

K. Eckel SEP - 8 2005

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.

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #