


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 009 ***150.00

DOCUMENT # P02000085251		
1. Entity Name DSP SPA CONSULTING & SOLUTIONS, INC.		
Principal Place of Business 212 KINGS LYNN ROAD DELRAY BEACH FL 33444		Mailing Address 212 KINGS LYNN ROAD DELRAY BEACH FL 33444
2. Principal Place of Business - No P.O. Box # 1388 VIA DE PERI	3. Mailing Address 1388 VIA DE PERI	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State BOYNTON BCH., FL.	City & State BOYNTON BCH., FL.	
Zip 33426	Country USA	Zip 33426
Country USA		4. FEI Number 14-1877798
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
8.75 Additional Fee Required		

1st MOORE CR2E034 (10/06)



6. Name and Address of Current Registered Agent PILJEK, DAWN 212 KINGS LYNN ROAD DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PILJEK, DAWN 212 KINGS LYNN ROAD DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILJEK, SASA 212 KINGS LYNN ROAD DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 5617359698
Date Daytime Phone #