

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90001 005 \*\*\*550.00

**DOCUMENT # P03000028517**

1. Entity Name  
**SPONDYLUS INVESTMENTS, INC.**



Principal Place of Business

**2300 S.W. 8 STREET  
MIAMI, FL 33135**

Mailing Address

**2300 S.W. 8 STREET  
MIAMI, FL 33135**

**50066346**

2. Principal Place of Business

**848 BLICKEN AVE.**

3. Mailing Address

**848 BLICKEN AVE.**

Suite, Apt. #, etc.

**1225**

Suite, Apt. #, etc.

**1225**



09042005

Chg-P

CR2E034 (10/03)

City & State

**MIAMI FLORIDA**

City & State

**MIAMI**

4. FEI Number

**54-2103627**

Applied For

Not Applicable

Zip

**33131**

Country

**DADE**

Zip

**33131**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELIT, SANDRO J  
2300 S.W. 8 STREET  
MIAMI, FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**9/6/05**

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**PD  
VELIT, SANDRO J  
2300 S.W. 8 STREET  
MIAMI, FL 33135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/05**

Date

**786-443-2127**

Daytime Phone #