

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90388 041 ***150.00

DOCUMENT # P04000050925					
1. Entity Name SPP SA, INC.					
Principal Place of Business 1150-B E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US			Mailing Address 1150-B E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent LECHTER, ROBERT 1150-B E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D LECHTER, ROBERT 1150-B E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANINT, JUAN BERNARD 1150-B E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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 be empowered.					
SIGNATURE: _____		Secretary/ Date: 5/25/05 Daytime Phone: 954 465 8660			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66019343



01072005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1695963** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required