2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 26, 2007 8:00 am Secretary of State

Size Country Zip Country Size Country Size Country Size Country Size Country Size Country Size S	DOCUMENT # P05000033550 1. Entity Name SP F MARKETERS, INC.						01-26-200	7 90037 0	12 ***1:	50.00
WEST MIAMI, FL 33155 Suite, Apt. #, etc. O1182007 ChgP CR2E034 (12/06) A FEI Number Algorithm of ChgP ChgP CR2E034 (12/06) A FEI Number Algorithm of ChgP C	Principal Place	of Business	Mailing Address			1 .	COOpe	104-		
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City & State A. FEI Number 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 6. Name and Address o	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182007	Chg-P	CR2E03	4 (12/06)		
S. Certificate of Status Desired Fee Required F	City & State		City & State			1	288		<u> </u>	
PRADO, CARLOS A 6441 S.W. 21 STREET WEST MIAMI, FL 33155 City FL Zip Code	Zip	Country	Zip	Countr		5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered Aq	jent	
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, hoed or printed name of registered agent and filled applicable (NOTE Registered Apent signature required when remission) DATE	6441 S.W. 21 STREET					P.O. Box Number	s Not Acceptabl	e)		
SIGNATURE Signature Decide Decid					City			FL	Zip Code	
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After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P,T Delete De	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	1	ertify that the information supplied with	n this filing does not qualify for			d in Chapter 119	Florida Statutes	I further certif	v that the ir	formation

I nereby certify that the information supplied with this filling does not quality for the examplicines contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report's 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR