2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091022

Entity Name: SPHAIRA INC

City-St-Zip:

MIAMI, FL 33130

FILED Aug 04, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
1250 SOU ⁻	TH MIAMI AV			
MIAMI, FL	33130			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
420 LINCOLN RD.		420 LINCOLN RD.		
300 MIAMI BEACH, FL 33139			357 MIAMI BEACH, FL 33139	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
REYGADAS, JOSE A 420 LINCOLN RD. 300		REYGADAS, JOSE A 420 LINCOLN RD.		
MIAMI BEACH, FL 33139 US			MIAMI BEACH, FL 33139 US	
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JOSE A REYGADAS			08/04/2006	
Electronic Signature of Registered Agent		jent	Date	
In accordance	ce with s. 607.193(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete ROQUENI, JUAN PABLO 1250 SOUTH MIAMI AVE SUITE 1106 MIAMI, FL 33130	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ROQUENI, JOSE LUIS JR. 1250 SOUTH MIAMI AVE SUITE 1106 MIAMI, FL 33130	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete GALINDO, BLANCA 1250 SOUTH MIAMI AVE SUITE 1106	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JUAN PABLO ROQUENI VP 08/04/2006