2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091022

Entity Name: SPHAIRA INC

FILED Apr 21, 2009 Secretary of State

Littly Nai	iie. SFHAIRA INC			
Current Principal Place of Business:		New Principal Place of B	New Principal Place of Business:	
1250 SOU ⁻ 1106 MIAMI, FL	TH MIAMI AV 33130			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
420 LINCOLN RD. 357 MIAMI BEACH, FL 33139		232 ANDALUSIA AVE SUITE 370 CORAL GABLES, FL 3313		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of Ne	Name and Address of New Registered Agent:	
REYGADAS, JOSE A 420 LINCOLN RD. 357 MIAMI BEACH, FL 33139 US		REYGADAS, JOSE A 232 ANDALUSIA AVE SUITE 370 CORAL GABLES, FL 3313	232 ANDALÚSIA AVE	
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its registered offi	ce or registered agent, or both,	
SIGNATURE: JOSE A REYGADAS			04/21/2009	
	Electronic Signature of Registered A	gent	Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES T	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: () C 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: () C Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	D () Delete GALINDO, BLANCA	Title: () C Name:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOSE A REYGADAS RA 04/21/2009

1250 SOUTH MIAMI AVE SUITE 1106

MIAMI, FL 33130

Address: City-St-Zip: