## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000101180

Entity Name: SPA MIO. INC.

FILED Jul 31, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
949 NE 19T FORT LAUI	<sup>-</sup> H AVE DERDALE, FL	33304			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
949 NE 19T FORT LAUI	TH AVE DERDALE, FL	33304			
FEI Number:	20-3171612	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
2319 N ANI FORT LAUI	DREWS AVEN DERDALE, FL named entity su	33311 US	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () E SHARP, THOMAS 2624 NW 9TH LA WILTON MANOR	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () [ SHARP, ROSA 2624 NW 9TH LA WILTON MANOR		Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: THOMAS SHARP P 07/31/2009