

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90001 022 \*\*\*150.00

<b>DOCUMENT # P06000077898</b>	
1. Entity Name <b>STREET UNIT PERFORMANCE INC.</b>	

Principal Place of Business <b>1406 AMBASSADOR AVE DELTONA, FL 32725 US</b>	Mailing Address <b>1406 AMBASSADOR AVE DELTONA, FL 32725 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40130864**

08232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5613504</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MARIACHER, CULLEN P 1406 AMBASSADOR AVE DELTONA, FL 32725</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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.

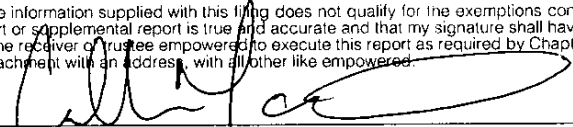
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIACHER, CULLEN P 1406 AMBASSADOR AVE DELTONA, FL 32472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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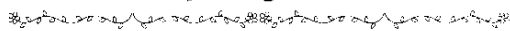
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 like empowered.

**SIGNATURE:**  **8/23/07** **3212960777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Toni B. Springer, CPA, PA*



*Certified Public Accountant*

ATTACHMENT

40130864

801 Douglas Ave., Ste. 206  
Altamonte Springs, FL 32714

Phone: 407•869•0217  
Fax: 407•682•2442

tspringer@tbscpa.com

July 19, 2007

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 2007 For Profit Corporation Annual Report  
Document # P 06000077898 Street Unit Performance, Inc.

We respectfully request the penalty of \$ 400.00 for late filing assessed on the client identified above be abated.

My client discarded the postcard as junk mail, as they are a new filing corporation. They expected to receive the proper forms in the mail in order to comply with the annual filing requirements.

Given the circumstances, kindly abate the penalty.

Very truly yours,

Toni B. Springer CPA