

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101308

Entity Name: S.P.L.E.D. ENTERPRISES INC.

FILED  
Jan 29, 2007  
Secretary of State

## Current Principal Place of Business:

510 NE 195 ST  
NORTH MIAMI, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

510 NE 195 ST  
NORTH MIAMI, FL 33179

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, EDWIN  
510 NE 195 ST  
NORTH MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GARIB, DAVID  
Address: 2891 SW 71 TERRACE 1202  
City-St-Zip: DAVIE, FL 33314

Title: DVP ( ) Delete  
Name: MORALES, EDWIN  
Address: 210 NE 195 ST  
City-St-Zip: NORTH MIAMI, FL 33179

Title: DT ( ) Delete  
Name: MORALES, SHARON  
Address: 510 NE 195 ST  
City-St-Zip: NORTH MIAMI, FL 33179

Title: DS ( ) Delete  
Name: GARIB, PAMELA  
Address: 6074 SPRINGS ISLES BLVD.  
City-St-Zip: LAKE WORTH, FL 33463

Title: DAST ( ) Delete  
Name: BENJAMIN, LISA  
Address: 518 NE 195 ST  
City-St-Zip: NORTH MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: MORALES, EDWIN  
Address: 510 NE 195 ST  
City-St-Zip: NORTH MIAMI, FL 33179

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: EDWIN MORALES

VP

01/29/2007

Electronic Signature of Signing Officer or Director

Date