
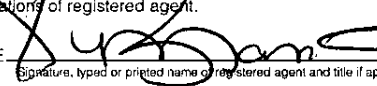



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90040 040 ***150.00

DOCUMENT # P96000051451 1. Entity Name SP & CE, INC.					
Principal Place of Business 1360 N UNIVERSITY DR., #100 PLANTATION, FL 33322			Mailing Address 1360 N UNIVERSITY DR., #100 PLANTATION, FL 33322		
2. Principal Place of Business 6931 NW 88 AVE Suite, Apt. #, etc.		3. Mailing Address 6931 NW 88 AVE Suite, Apt. #, etc.			
City & State Tamarac, FL		City & State Tamarac, FL		4. FEI Number 65-0696981	
Zip 33321		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, MARY 1360 N UNIVERSITY DR STE 100 PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name Mary Sanchez Street Address (P.O. Box Number is Not Acceptable) 6931 NW 88 AVE City Tamarac, FL Zip Code 33321		
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: 1/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME PAPUNEN, SANDRA STREET ADDRESS 1360 N UNIVERSITY DR CITY-ST-ZIP PLANTATION, FL 33322	TITLE NAME 6931 NW 88 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS Tamarac, FL 33321 CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME EISDORFER, CHRIS STREET ADDRESS 1360 N UNIVERSITY DR CITY-ST-ZIP SUNRISE, FL 33351	TITLE NAME 6931 NW 88 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS Tamarac, FL 33321 CITY-ST-ZIP				
TITLE S <input type="checkbox"/> Delete NAME SANCHEZ, MARY STREET ADDRESS 1360 N. UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL 33322	TITLE NAME 6931 NW 88 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS Tamarac, FL 33321 CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			1/29/04 (954) 721-1994 Date Daytime Phone #		