2008 FOR PROFIT. CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000102334

1. Entity Name SPAF, INC.

Principal Place of Business

10973 SW 37 MANOR **DAVIE, FL 33316**

Mailing Address

10973 SW 37 MANOR **DAVIE, FL 33316**

FILED Aug 29, 2008 08:00 AM Secretary of State



07222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0738333

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DISALVO, STEVE 10973 SW 37 MANOR **DAVIE, FL 33328**

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent	a borbood or crianding its redistribe	GIIIÇE OF II	egistaleo agent, of be	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and ti	itle if applicable (NOTE: Registered A	igent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIR	ECTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISALVO, STEVE 10973 SW 37 MANOR DAVIE, FL				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2			U00000958609 08/29/08-80003-017 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE.				IN	THIS SPACE
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, *	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	\bigcirc 1	Λ_{Λ}			
12. I hereby indicated of the column changed	certify that the information supplied with this I on this report of supplemental report is tru poration or the receiver or frustee empower or on an attachment with an address, with	s filling does not qualify for the exer gand accurate and that my signatured to execute this report as require all other like empowered.	nptions co re shall ha d by Chap	ntained in Chapter 11 ve the same legal effe ster 607, Florida Statut	9, Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director les; and that my name appears in Block 10 or Block 11 if