

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90031 028 ***150.00

DOCUMENT # P98000013033

1. Entity Name
SPI PRODUCTS, INC.



Principal Place of Business
**5870 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014**

Mailing Address
**5870 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014**

2. Principal Place of Business
10133 USA TODAY WAY
Suite, Apt. #, etc.

3. Mailing Address
10133 USA TODAY WAY
Suite, Apt. #, etc.



03232005 Chg-P CR2E034 (10/03)

City & State
MIRAMAR FL
Zip
33025 Country
USA

City & State
MIRAMAR FL
Zip
33025 Country
USA

4. FEI Number
65-0823759
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GORFINKEL, NESTOR B ESQ.
1111 KANE CONCOURSE, #401
BAY HARBOR ISLANDS, FL 33154**

7. Name and Address of New Registered Agent

Name
MICHELE STEFANELLI

Street Address (P.O. Box Number is Not Acceptable)

14411 COMMERCE WAY STE 310

City
MIAMI LAKES FL Zip Code
33016

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

Michele Stefanelli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DICKSTEIN, GABRIEL
5870 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DICKSTEIN, ROSA
5870 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**10133 USA TODAY WAY
MIRAMAR FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**10133 USA TODAY WAY
MIRAMAR FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Rosa Dickstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Date

954-499-9149

Daytime Phone #