


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 008 ***150.00

DOCUMENT # P98000013306	
1. Entity Name SPILLIS DEVELOPMENT COMPANY	

Principal Place of Business 7450 SW 102 ST MIAMI, FL 33156	Mailing Address 4800 LEJEUNE ROAD CORAL GABLES, FL 33146
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2. Principal Place of Business 13632 DEERING BAY DRIVE	3. Mailing Address 13632 DEERING BAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CORAL GABLES FL	City & State CORAL GABLES
Zip 33158	Country
Zip 33158	Country



02042004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0821219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPILLIS, PETER K 4800 LE JEUNE ROAD CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name MITCHELL A. YELEN Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE. SUITE 500 City MIAMI FL Zip Code 33133
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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 *Mitchell Yelen* DATE 02/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILLIS, PETER K 4800 LEJEUNE RD. CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SPILLIS, PETER J. 13632 DEERING BAY DRIVE CORAL GABLES, FL 33158 <input type="checkbox"/> Change <input checked="" 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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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

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: *Peter J. Spillis* **PETER J. SPILLIS** FEB 10, 04 305-447-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #