## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000101658

Entity Name: SIGLINDE SPERBER, P.A.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

711 N.E. 151ST STREET 14577 66TH ST NORTH MIAMI, FL 33162 LOXAHATCHEE, FL 33470

Current Mailing Address: New Mailing Address:

711 N.E. 151ST STREET 14577 66TH ST NORTH MIAMI, FL 33162 LOXAHATCHEE, FL 33470

FEI Number: 65-0885388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARGARETE SPERBER, SIGLINDE
711 N.E. 151ST STREET
MIAMI, FL 33162 US
SPERBER, SIGLINDE M
14577 66TH ST NORTH
LOXAHATCHEE, FL 33470 US

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: SIGLINDE SPERBER 03/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete

Name: MARGARETE SPERBER, SIGLINDE Address: 711 N.E. 151ST STREET

City-St-Zip: MIAMI, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

Name: SPERBER, SIGLINDE M Address: 14577 66TH ST NORTH City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIGLINDE SPERBER D 03/15/2005