## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND OFFICER OR DIRECTOR

FILED Apr 06, 2005 08:00 AM Secretary of State

				- # 16 . 1	,	2000	
DOCUI 1. Entity Nam D'SPA CO		63			Se	ecretary of State	
Principal Piac	e of Business	Mailing Address		1			
3888 SW 113		3888 SW 112TH AVE.					
MIAMI, FL 3	3165-4434	MIAMI, FL 33165-4434					
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_	A MOT MOITE		04022005	No Chg-P	CR2E034 (10/03)		
	O NOT WRITE		4. FEI Numb	er	Applied For		
				65-092	24548	Not Applicable	
				5. Certificate of Status Desired   \$8.75 Additional			
		تعيير ثراة درجي	<u> </u>	5. Cermicate	Or Status Desired	Fee Required	
6. Name and Address of Current Registered Agent							
AHMAD, NEMER				DO	NOT W	RITE	
	154TH CT. —						
MIAMI, FL	33196			IN THIS SPACE			
				4			
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 Sometime paged or protect game of registered agent and life if anglicable (NOTE Registered Agent sonature required when reinstaling)  DATE							
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 Finar Trust Fund Contribution.			ancing \$5	i.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE	P		1				
NAME	AHMAD, NEMER		i				
STREET ADDRESS	9912 SW 154TH COURT		Į.				
CITY-ST-ZIP	MIAMI, FL 33196	8	i				
TITLE	VP		<b>1</b>		Uaaaa	0289023 -80009-010 150.00	
NAME	AHMAD, CARMEN				04/06/05	-80009-010 150.00	
STREET ADDRESS	9912 SW 154TH COURT		i			The same of the sa	
CITY-ST-ZIP	MIAMI, FL 33196	-	]				
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CITY-ST-ZIP			1	DO	MOT W	KIIE	
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TITLE NAME	{		I.	[IN	THIS SF	ACE	
STREET ADDRESS							
CITY-ST-ZIP			ļ				
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TITLE			· I				
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TITLE			1				
NAME			ł				
STREET ADDRESS	]						
CITY-ST-ZIP			<u></u>				
12. I hereby	certify that the information supplied with th	is filing does not qualify for the e	emption stated in S	ection 119.07(3)	(i), Florida Statutes.	I further certify that the information	
indicated	on this report or supplemental report is tr	ue and accurate and mat my sign ared to execute this report as rec	ature shall have the uired by Chaoter 60	e same legal effe 17, Florida Statut	ci as it made under i es; and that my nam	oath; that I am an officer or director e appears in Block 10 or Block 11 if	
12. I hereby certify that the information supplied with this filing does not qualify for the externption 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 another 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 proposered.							
				,	,		

24/02/2005

305-228-0440

Daylime Phone #