

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90081 036 ***150.00

DOCUMENT # P99000072849

1. Entity Name
SPERIN, INC.



Principal Place of Business
**13410 S. SHORE BLVD.
WELLINGTON, FL 33414**

Mailing Address
**40 EAST 52ND STREET
23RD FLOOR
NEW YORK, NY 10022**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
555 Madison Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29th Floor

City & State

City & State
New York NY

Zip

Country

Zip
10022

Country

New York

01172007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0951302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TORCIVIA, GLEN J
701 NORTHPOINT PARKWAY, SUITE 209
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HIRSCH, NEIL
STREET ADDRESS 40 EAST 52ND ST. 23RD FL
CITY-ST-ZIP NEW YORK, NY 10022

TITLE S ☐ Delete
NAME RAPPAPORT, STEVEN
STREET ADDRESS 40 EAST 52ND ST. 23RD FL
CITY-ST-ZIP NEW YORK, NY 10022

TITLE T ☐ Delete
NAME ZIMMERMANN, ALAN
STREET ADDRESS 40 EAST 52ND ST. 23RD FL
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 555 Madison Avenue 29th Floor
CITY-ST-ZIP New York NY 10022

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Daytime Phone #