FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 26 PM 2:46

DOCUMENT # S82785

AMENDMENT

1. Entity Name
S.P.A. CORPORATION

AMENDMENT

DO NOT WRITE IN THIS SPACE

06/27/08--01030--001 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19111 Collins Ave.	19111 Collins Ave.
Suite, Apt. #, etc.: Apt. 2103	Suite, Apt. #, etc.: Apt. 2103
City & State: No. Miami Beach, Florida	City & State: No. Miami Beach, Florida
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. FEI Number: 65-0502840 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALFREDO G. DURAN

Street Address (P.O. Box Number is Not Acceptable): 2340 So. Dixie Highway

City: Miami FL Zip Code: 33133

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.

SIGNATURE: X [signature] 6/9/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	Pres/Dir	TITLE	
NAME	PEISAJOVICH, SANTIAGO	NAME	
STREET ADDRESS	19111 Collins Ave., #2103	STREET ADDRESS	500131812305
CITY-ST-ZIP	No.Miami Beach, FL 33160	CITY-ST-ZIP	06/27/08--01030--001 **61.25
TITLE	VP/Sec/Dir	TITLE	
NAME	PEISAJOVICH, ILAN	NAME	
STREET ADDRESS	SAME	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Treas/Dir	TITLE	
NAME	PEISAJOVICH, AYELETH	NAME	
STREET ADDRESS	SAME	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] ILAN PEISAJOVICH SEC/D 6/9/08 (305) 933-8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/26 aw