2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000041117

1. Entity Name
SPECTRO TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1274 SW MELROSE AVE PORT ST LUCIE, FL 34953 US	1274 SW MELROSE AVE PORT ST LUCIE, FL 34953 US

03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0571938
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UTEVSKAYA, OLGA
1274 SW MELROSE AVE.
PORT ST LUCIE, FL 34953

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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 _____ DATE
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, 2008 Fee will be $550.00

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

U00000856926
03/28/08-80031-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	UTEVSKAYA, OLGA
STREET ADDRESS	1274 S.W. MELROSE AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	S
NAME	KARK, ANDREY
STREET ADDRESS	1274 S.W. MELROSE AVENUE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	P
NAME	KARK, GREGORY
STREET ADDRESS	1274 SW. MELROSE AVENUE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] OLGA UTEVSKAYA 03/10/08 (772)7858957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #