

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2004 08:00 AM  
Secretary of State

DOCUMENT # P93000079728

1. Entity Name  
SPECTRUM COMMERCIAL GROUP, INC.



Principal Place of Business  
3600 W. COMMERCIAL BLVD.  
STE. 216  
FT. LAUDERDALE, FL 33309 US

Mailing Address  
3600 W. COMMERCIAL BLVD.  
STE. 216  
FT. LAUDERDALE, FL 33309 US



01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0448993

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVIN, ANITA P  
3600 W COMMERCIAL BLVD  
STE 216  
FT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
LEVIN, ANITA P.  
3600 W. COMMERCIAL BLVD. STE. 216  
FT. LAUDERDALE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Anita P. Levin, Registered Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

754-777-5151

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

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02/16/04-80007-022 150.00