2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am **Secretary of State DOCUMENT # P93000079728** 1. Entity Name 03-21-2006 90047 002 ***150.00 SPECTRUM COMMERCIAL GROUP, INC. Mailing Address Principal Place of Business 3600 W. COMMERCIAL BLVD. 2600 W. COMMERCIAL BLVD. STE. 216 **LAUDERDALE FL 33309** 3. Mailing Address 2. Principal Place of Business **NEW ADDRESS: NEW ADDRESS:** 1451 W. Cypress Creek Rd. 1st MOORE CR2E034 (10/05) 1451 W. Cypress Creek Rd. Suite 300 Suite 300 Applied For Ft. Lauderdale, FL 33309 4. FEI Number Ft. Lauderdale, FL 33309 65-0448993 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANITA P. LEUIN LEVIN, ANITA P Str **NEW ADDRESS:** 3600 W COMMERCIAL BLVD 1451 W. Cypress Creek Rd. **STE 216** Suite-300 __ FT LAUDERDALE FL 33309 Ft. Lauderdale, FL 33309 Cit Zip Code 8. The above named on tity submits this statement for the surpose 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 (NOTE: Registered Agent signature required when roinstaling FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD Defete TITLE ☐ Change Addition NAME LEVIN, ANITA P. NAME STREET ADDRESS STREET ADDRESS **NEW ADDRESS:** CITY-ST-ZIP CITY-ST-ZIP 1451 W. Cypress Creek Rd. TITLE Change ☐ Addition TITLE ☐ Defete Suite 300 NAME Ft. Lauderdale, FL 33309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE -C. Cuicto ____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TOTLE Delete 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 quality for the exemptions contained in Section 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 chapter for an attention of the processor of the corporation of the receiver of the processor of the corporation of the receiver of the processor of the corporation of the receiver of the processor of the corporation of the processor of the corporation of the processor of the p of the corporation or the receiver or trustee empower if changed, or on an attachment with an address, with

Lother like empowered.

SIGNATURE:

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