

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000085086

**Entity Name:** SPECTOR ENTERPRISES, INC.

**Current Principal Place of Business:**

4675 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4675 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33146 US

**FEI Number:** 30-0200593

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPECTOR, STUART H  
4675 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33146 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P/D  
Name            SPECTOR, STUART H  
Address        4675 PONCE DE LEON BLVD STE 301  
City-State-Zip: CORAL GABLES FL 33146

Title            S/D  
Name            SPECTOR, REBECCA P  
Address        4675 PONCE DE LEON BLVD STE 301  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STUART SPECTOR

**PRESIDENT**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date