

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000003851**

1. Entity Name  
**SPECTRUM TELECOMMUNICATIONS CORP.**



Principal Place of Business

**2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI, FL 33133**

Mailing Address

**2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI, FL 33133**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0811309**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERT D. SICHTA  
2601 S. BAYSHORE DR. 4TH FLOOR  
MIAMI, FL 33133**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**UN00000450871  
03/10/06-80023-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MEDINA, MANUEL  
2601 S. BAYSHORE DR 9TH FL  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
SESQUERA, JOSE  
2601 S BAYSHORE DR 9TH FLR  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
SICHTA, ROBERT D  
2601 S. BAYSHORE DR 9TH FL  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT D. SICHTA, PRESIDENT 2/27/06 305-854-3200**

Date

Daytime Phone #