


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90106 002 \*\*\*150.00

<b>DOCUMENT # P00000013381</b>	
1. Entity Name MARC T. SPECTOR, P.A.	

**20034499**

Principal Place of Business 4322 LAUREL RIDGE CIRCLE WESTON, FL 33331	Mailing Address 16362 MALIBU DRIVE WESTON, FL 33326
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2. Principal Place of Business <i>4372 Laurel Ridge Cir.</i>	3. Mailing Address <i>4372 Laurel Ridge Cir.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State <i>Weston, FL</i>	City & State <i>Weston, FL</i>
Zip <i>33331</i>	Zip <i>33331</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 65-0978459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SPECTOR, MARC T 16362 MALIBU DRIVE WESTON, FL 33326	
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7. Name and Address of New Registered Agent	
Name <i>MARC T SPECTOR</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4372 Laurel Ridge Circle</i>	
City <i>Weston</i>	FL Zip Code <i>33331</i>

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]* *MARC SPECTOR* *4/11/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPECTOR, MARC T 4372 LAUREL RIDGE CIRCLE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *MARC SPECTOR* *4/11/05* *954-4452220*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #