

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90077 032 ***158.75

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1. Entity Name
SPECTRUM INVESTMENTS & INSTALLATIONS, INC.



Principal Place of Business
**2924 N.W. BANYAN BLVD.
BOCA RATON, FL 33431**

Mailing Address
**2924 N.W. BANYAN BLVD.
BOCA RATON, FL 33431**

40005200



2. Principal Place of Business - No P.O. Box #
**3011 NW 16th Terrace
Suite, Apt. #, etc.**

3. Mailing Address
**3011 NW 16th Terrace
Suite, Apt. #, etc.**

01262007 Chg-P CR2E034 (12/06)

City & State
Pompano Beach, Florida

City & State
Pompano Beach, Florida

4. FEI Number
04-3661781

Applied For
Not Applicable

Zip
33064-1407

Country
USA

Zip
33064-1407

Country
USA

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

6. Name and Address of Current Registered Agent

**GAVAN, HASU
2924 N.W. BANYAN BLVD.
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GAVAN, HASU**
STREET ADDRESS **2924 N.W. BANYAN BLVD.**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **S** ☐ Delete
NAME **GAVAN, RAMILA**
STREET ADDRESS **2924 BANYAN BLVD. NW**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/1/07

Date

954-590-3800

Daytime Phone #