

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 031 ***150.00

DOCUMENT # P03000005627

1. Entity Name

SPECTRUM REALTY, INC.



Principal Place of Business

~~3600 W COMMERCIAL BLVD STE 216~~
~~FT LAUDERDALE FL 33309~~

Mailing Address

~~3600 W COMMERCIAL BLVD STE 216~~
~~FT LAUDERDALE FL 33309~~

2. Principal Place of Business

NEW ADDRESS:
1451 W. Cypress Creek Rd.
Suite 300
Ft. Lauderdale, FL 33309

3. Mailing Address

NEW ADDRESS:
1451 W. Cypress Creek Rd.
Suite 300
Ft. Lauderdale, FL 33309

Zip

Country

USA

Zip

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

82-0582435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, ANITA P
~~2600 W COMMERCIAL BLVD.~~
~~#216~~
~~FORT LAUDERDALE FL 33309~~

Name

ANITA LEVIN

Street

NEW ADDRESS:

1451 W. Cypress Creek Rd.
Suite 300

City

Ft. Lauderdale, FL 33309

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME LEVIN, ANITA P
STREET ADDRESS
CITY-ST-ZIP
NEW ADDRESS:
1451 W. Cypress Creek Rd.
Suite 300
Ft. Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 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 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

Date

Daytime Phone #

2/7/06 954-928-2828