

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90157 015 ***150.00

DOCUMENT # P03000025269

1. Entity Name
SPECTACULAR AFFAIRS AND EVENTS, INC.



Principal Place of Business

1904 S.OCEAN DRIVE,
TS206
HALLANDALE, FL 33009 US

Mailing Address

1904 S.OCEAN DRIVE,
TS206
HALLANDALE, FL 33009 US

2. Principal Place of Business

530 NW 89 Terrace
Suite, Apt. #, etc.

3. Mailing Address

530 NW 89 Terrace
Suite, Apt. #, etc.



04222005 Chg-P CR2E034 (10/03)

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

APPLIED FOR 75-3110362

Applied For

Not Applicable

Zip 33024 Country USA

Zip 33024 Country USA

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

6. Name and Address of Current Registered Agent

MANN-ALEXANDER, MARTISHA
1904-S. OCEAN DRIVE
TS206
HALLANDALE, FL 33009

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME DIR.
MANN-ALEXANDER, MARTISHA
STREET ADDRESS 530 NW 89 TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☐ Delete

TITLE
NAME DIR.
ALEXANDER, DANA
STREET ADDRESS 530 NW 89 TERRACE
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

305-785-8038

Daytime Phone #