

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90034 020 \*\*\*150.00

DOCUMENT # P03000092241

1. Entity Name

SPECIALIZED SYSTEMS TECHNOLOGIES INC.



Principal Place of Business

11924 FOREST HILL BOULEVARD  
SUITE 22/261  
WELLINGTON, FL 33414 US

Mailing Address

11924 FOREST HILL BOULEVARD  
SUITE 22/261  
WELLINGTON, FL 33414 US

40017031



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4267297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, HOWARD  
11924 FOREST HILL BLVD, SUITE 22/261  
WEST PALM BEACH, FL 33414  
Wellington

**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, 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	D
NAME	SIEGEL, HELEN B
STREET ADDRESS	120 BLACK OLIVE CRESCENT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	SIEGEL, ELANA B
STREET ADDRESS	120 BLACK OLIVE CRESCENT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	[
NAME	SIEGEL, HOWARD
STREET ADDRESS	120 BLACK OLIVE CRESCENT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

561 792-0041

Daytime Phone #