2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110613

Name:

Address:

City-St-Zip:

CESAROTTI, MARIANNE

PEMBROKE PINES, FL 33028

2049 NW 126 AVE

FILED Apr 03, 2007 Secretary of State

Entity Name: SPECTRUM COST MANAGEMENT, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
5001 S. UNIVERSITY DRIVE SUITE E DAVIE, FL 33328				2770 NE 15TH STREET 102 FORT LAUDEDALE, FL	33304	
Current Mailing Address:				New Mailing Address:		
5001 S. UNIVERSITY DRIVE SUITE E DAVIE, FL 33328				2770 NE 15TH STREET 102 FORT LAUDERDALE, FL 33304		
FEI Number:	20-0293628	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BERZOK, ERIC A 5001 S. UNIVERSITY DRIVE SUITE E DAVIE, FL 33328 US				BERZOK, ERIC A 2770 NE 15TH STREET 102 FORT LUADERDALE, FL 33304 US		
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.						
SIGNATURE: ERIC A. BERZOK				04/03/2007		
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CESAROTTI, 2049 NW 126			Title: () Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	BERZOK, ER 2770 NE 15TH) Delete C A I STREET #102 RDALE, FL 33304		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title:	D () Delete		Title: ()) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC A. BERZOK DIR 04/03/2007