FILED
Aug 28, 2006 8:00 am
Secretary of State
08-14-2006 90039 029 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000098372

1. Entity Name
SPECTRA MACHINERY CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
5602 NW 161ST ST MIAMI LAKES, FL 33014	5602 NW 161ST ST MIAMI LAKES, FL 33014

08082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5405 NW 161st Street	5596 NW 161st St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FL	City & State: Miami LAkes, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number: 04-3822084 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, PAUL S
2134 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVA, JOSE A 5602 NW 161ST ST MIAMI LAKES, FL 33014	☐ Delete	☑ Change ☐ Addition 5405 NW 161st Street Miami Lakes, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHAEFER, JOHN R 5602 NW 161ST ST MIAMI LAKES, FL 33014	☐ Delete	☑ Change ☐ Addition 5405 NW 161st Street Miami LAkes, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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] JOHN SCHAEFER 08-08-06 305-571-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #