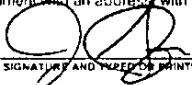


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8 **FILED**
Aug 28, 2006 8:00 am
Secretary of State

08-14-2006 90039 029 ***150.00

DOCUMENT # P05000098372			
1. Entity Name SPECTRA MACHINERY CONSTRUCTION CORP.			
Principal Place of Business 5602 NW 161ST ST MIAMI LAKES, FL 33014		Mailing Address 5602 NW 161ST ST MIAMI LAKES, FL 33014	
2. Principal Place of Business 5405 NW 161st Street Suite, Apt. #, etc.		3. Mailing Address 5596 NW 161st St 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 _____ 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 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD ALVA, JOSE A 5602 NW 161ST ST MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☒ 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	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☒ Change ☐ Addition 5405 NW 161st Street Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	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 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:  JOHN SCHAEFER		08-08-06 305-571-1976 Date Daytime Phone #	