

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000030188

1. Entity Name
SPA-SIMRAD, INC.



Principal Place of Business Mailing Address
**3409 N.W. 9TH AVE.
SUITE 1105
FORT LAUDERDALE, FL 33309** **3409 NW 9TH AVE
SUITE 1104
FORT LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0483045 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIORGIO, ANTHONY
3439 NW 9TH AVE
SUITE D
FORT LAUDERDALE, FL 33309**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GIORGIO, ANTHONY T**
STREET ADDRESS **3409 NW 9TH SUITE 1104**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33309**

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01/31/06-130019-003 150.00

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: