2005 FOR PROFIT CORPORATION

Apr 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P960000059*6 SPECTRUM OPTICAL SERVICES, INC. Mailing Address Principal Place of Business 1770 NW 122ND TERRACE, #1660 1770 NW 122ND TERRACE, #1660 PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 03242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0635727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARATZ, MITCHELL G DO NOT WRITE 161 NW 162RD. AVE. PEMBROKE PINES, FL 33028 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Unnang287578 OFFICERS AND DIRECTORS 10. TITLE BARATZ, MITCHELL G NAME STREET ADDRESS 1770 NW 122ND TER PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE BARATZ, ROBIN NAME 1770 NW 122ND TERRACE STREET ADDRESS PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ME NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling 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 publicated 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 all address, with all sther like empowered.

ATILDE M

TITLE NAME STREET ADDRESS CRY-ST-ZIP

3/3/105

FILED