2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92550

Title:

Name: Address:

City-St-Zip:

Entity Name: SPECTRUM BUSINESS SYSTEMS, INC.

FILED Mar 25, 2009 Secretary of State

•		····, ····-			
Current Principal Place of Business:				New Principal Place of Business:	
7200 W COMMERCIAL BLVD 203				7200 W COMMERCIAL BLVD 203	
	IILL, FL 33019	US		LAUDERHILL, FL 33319	9 US
Current Mailing Address:				New Mailing Address:	
7200 W COMMERCIAL BLVD				7200 W COMMERCIAL BLVD 203	
203 LAUDERHILL, FL 33019 US				LAUDERHILL, FL 33319 US	
FEI Number:	: 65-0297686	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
MOSS, SHERRY 7200 W COMMERCIAL BLVD, # 203 LAUDERHILL, FL 33019 US				MOSS, SHERRY 7200 W COMMERCIAL BLVD, # 203 LAUDERHILL, FL 33319 US	
	named entity see of Florida.	ubmits this statement for the p	ourpose o	f changing its registered of	office or registered agent, or both,
SIGNATURE:				03/25/2009	
Electronic Signature of Registered Agent				Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () MOSS, SHERRY 10008 NW 16 S CORAL SPRING	Т		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	ST () MOSS, SHERRY 10008 NW 16 S CORAL SPRING	Т		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	VP () MOSS, SHERRY 10008 NW 16 S' CORAL SPRING	Т		Title: (Name: Address: City-St-Zip:) Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRY MOSS PD 03/25/2009

() Delete

CORAL SPRINGS, FL 33071

MOSS, SHERRY

10008 NW 16 ST

() Change () Addition