

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -3 PM 12:25

TALLAHASSEE, FLORIDA

DOCUMENT # K93265

1. Entity Name  
FINANCIAL TECHNOLOGIES, INC.



Principal Place of Business

11098 BISCAYNE BLVD  
STE 403  
MIAMI, FL 33161 US

Mailing Address

C/O LARREA & ORTEGA  
2300 CORAL WAY STE 111  
MIAMI, FL 33145 US

**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0122747	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICE, INC  
2300 CORAL WAY  
STE 101  
MIAMI, FL 33145

**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 reinstating)

DATE

700035794827

05/10/04--01024--019 \*\*158.75

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINAI, JOSE MR
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 403
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VSD
NAME	IASLOVITS, LAUREN MS
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 403
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VTD
NAME	SINAI, DAVID MR
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 403
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Sinai P.

4/29/04

(305) 854-1040