


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90058 006 ***150.00

DOCUMENT # P94000046994
 1. Entity Name
SFT COMMUNICATIONS CORPORATION



Principal Place of Business Mailing Address
 403 E NICHOLAS ST P.O. BOX 632
 HERNANDO FL 34442 INVERNESS FL 34451
 US



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 9111 SW 53 PL 9111 SW 53 Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite A Suite A

City & State City & State
 Gainesville FL Gainesville FL

4. FEI Number 59-3254971 Applied For
 Not Applicable

Zip Country Zip Country
 32608 USA 32608 USA

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

6. Name and Address of Current Registered Agent
 FARIELLO, VERA
 403 E NICHOLAS ST
 HERNANDO FL 34442

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 9111 SW 53 Place, Suite A
 City Gainesville FL Zip Code 32608

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 *Vera Fariello* DATE February 21, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	FARIELLO, VERA
STREET ADDRESS	403 E NICHOLAS ST
CITY-ST-ZIP	HERNANDO FL 34442
TITLE	D <input type="checkbox"/> Delete
NAME	FARIELLO, SAL
STREET ADDRESS	403 E NICHOLAS ST
CITY-ST-ZIP	HERNANDO FL 34442
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9111 SW 53 Place, Suite A
CITY-ST-ZIP	Gainesville, FL 32608
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9111 SW 53 Place, Suite A
CITY-ST-ZIP	Gainesville, FL 32608
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Vera Fariello* DATE: March 18, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 800-531-0078