


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91214 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000055134**

1. Entity Name  
**S.F.T.C., INC.**



Principal Place of Business  
**3601 COMMERCIAL BLVD, #39  
 FORT LAUDERDALE, FL 33309**

Mailing Address  
**3601 COMMERCIAL BLVD, #39  
 FORT LAUDERDALE, FL 33309**

11005257

2. Principal Place of Business  
**1514 N DIXIE HWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1514 N DIXIE HWY**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FL**

City & State  
**HOLLYWOOD, FL**

Zip  
**33070**

Country

4. FEI Number  
**65-0762296**

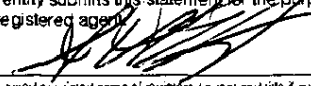
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ITKIN, SCOTT E  
 3601 W COMMERCIAL BLVD, #39  
 FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent  
 Name **ITKIN, SCOTT E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1514 N DIXIE HWY**  
 City **HOLLYWOOD** FL Zip Code **33070**

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 **4/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
 After May 1, 2003, Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCOTT, ITKIN E 3601 W COMMERCIAL BLVD, #39 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ITKIN, SCOTT E 1514 N DIXIE HWY HOLLYWOOD, FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4/19/03** TIME **754 422 4044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (10/02)