

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009953

**Entity Name:** FORT LAUDERDALE TOUCH, INC.

**Current Principal Place of Business:**

C/O 19501 NE 10TH AVE  
SUITE 205  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

C/O 19501 NE 10TH AVE  
SUITE 205  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number: 45-3153300**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BOONZAIR, ANTON J  
C/O 19501 NE 10TH AVE  
SUITE 205  
NORTH MIAMI BEACH, FL 33179 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title P  
Name CARLSON, ZACHARY  
Address C/O 19501 NE 10TH AVE  
SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP  
Name KIDD, ANTON  
Address C/O 19501 NE 10TH AVE  
SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SECR  
Name BECKER, STROEBEL  
Address C/O 19501 NE 10TH AVE  
SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title TREA  
Name BOONZAIR, ANTON  
Address C/O 19501 NE 10TH AVE  
STE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title ML  
Name JOHN, GAVIE  
Address C/O 19501 NE 10TH AVE  
SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTON BOONZAIR**

**TREASURER**

**03/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date