

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000036663

**Entity Name:** X.F.T.K, INC.

**Current Principal Place of Business:**

1500 SAN REMO AVE  
STE 125  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1500 SAN REMO AVE  
STE 125  
CORAL GABLES, FL 33146

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC  
1500 SAN REMO AVE  
STE 125  
CORAL GABLES, FL 33146 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 PD  
Name STAMEN, FLETA  
Address 1500 SAN REMO AVE, #125  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name NETTER, THOMAS  
Address 1500 SAN REMO AVE, #125  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name REYES, KATHLEEN  
Address 1500 SAN REMO AVE, #125  
City-State-Zip: CORAL GABLES FL 33146

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

**SIGNATURE:** FLETA STAMEN

**PRESIDENT**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date