


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90078 044 \*\*\*158.75

<b>DOCUMENT # 586641</b> 1. Entity Name BFTG HOLDING COMPANY, INC.	
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Principal Place of Business 4425 PONCE DE LEON BLVD 4TH FLOOR CORAL GABLES, FL 33146	Mailing Address 4425 PONCE DE LEON BLVD 4TH FLOOR CORAL GABLES, FL 33146
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2742556

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

6. Name and Address of Current Registered Agent BOMSTEIN, BRIAN ESQ. 4425 PONCE DE LEON BLVD 4TH FLOOR CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>'FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECTOR, NANCY T 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D HECTOR, NANCY T. 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP ERTEL, DAVID 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ERTEL, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEGNER, ROBERT A 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T WEGNER, ROBERT A 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S BOMSTEIN, BRIAN E. 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARR, THOMAS F 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOMINAC, EVE 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, MARVIN 4425 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad

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 changed, or on an attachment with an address, with all other like empowered.

(BRIAN E. BOMSTEIN - VP) 2/2/04 305-341-5611