

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


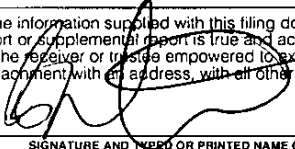
**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90196 024 \*\*\*158.75

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01052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 586641</b>					
1. Entity Name BFTG HOLDING COMPANY, INC.					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2742556	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOMSTEIN, BRIAN ESQ. 4425 PONCE DE LEON BLVD 4TH FLOOR CORAL GABLES, FL 33146			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS					
TITLE	EVPD <input type="checkbox"/> Delete				
NAME	HECTOR, NANCY T				
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	PD <input type="checkbox"/> Delete				
NAME	ERTEL, DAVID				
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	VPT <input type="checkbox"/> Delete				
NAME	WEGNER, ROBERT A				
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	EVPD <input type="checkbox"/> Delete				
NAME	BOMSTEIN, BRIAN E				
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	VP <input type="checkbox"/> Delete				
NAME	LOMINAC, EVE				
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	VP <input type="checkbox"/> Delete				
NAME	WILLIAMS, MARVIN				
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Carr, Thomas				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL				
CITY-ST-ZIP	Coral Gables, FL 33146				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VPS BOMSTEIN, BRIAN E				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th FL				
CITY-ST-ZIP	Coral Gables, FL 33146				
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 submitted 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:  (Brian E. Bomstein) Feb. 25, 2005 305-854-8880					
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					