


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # K29013 1. Entity Name C T L OF AMERICA, INC. |  |
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| Principal Place of Business 1611 NW 79TH AVENUE MIAMI, FL 33126 | Mailing Address 1611 NW 79TH AVENUE MIAMI, FL 33126 |
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01072004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0061609 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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| 6. Name and Address of Current Registered Agent CURRLIN, EDWARD 1611 NW 79TH AVE MIAMI, FL 33126 |
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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CURRLIN, EDWARD M. 1611 N.W. 79TH AVENUE MIAMI, FL |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/09/04** Daytime Phone # **305 599 1028**