2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L03000037116

Entity Name: SFT ENTERPRISES, LLC

Current Principal Place of Business:

C/O OSVALDO F. TORRES
201 S. BISCAYNE BLVD., STE. 1700
MIAMI, FL 33131

New Principal Place of Business:

C/O TORRES ADVISORS, PA
12900 W STATE ROAD 84
DAVIE, FL 33325 US

Current Mailing Address:

C/O OSVALDO F. TORRES
201 S. BISCAYNE BLVD., STE. 1700
MIAMI, FL 33131

New Mailing Address:

C/O TORRES ADVISORS, PA
12900 W STATE ROAD 84
DAVIE, FL 33325 US

FEI Number: 20-0262321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, OSVALDO F ESQ
201 S. BISCAYNE BLVD., STE. 1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TORRES ADVISORS, PA
12900 W STATE ROAD 84
DAVIE, FL 33325 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: OSVALDO F. TORRES 04/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: TORRES, STACY F MGRM
Address: 1078 CREEKFORD DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TORRES, STACY F MGRM
Address: C/O TORRES ADVISORS, 12900 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STACY F. TORRES MGRM 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date