## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 01, 2005 8:00 am **Secretary of State** DOCUMENT # P0000003241 1. Entity Name 02-01-2005 90035 045 \*\*\*150.00 F & T INVESTMENT GROUP INC. Principal Place of Business Mailing Address 3312 NORTH MIAMI AVENUE 3312 NORTH MIAMI AVENUE MIAMI FL 33127 **MIAMI FL 33127** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0973865 DRAL Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTIAGO, FRED 3312 NORTH MIAMI AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33127** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete TITLE Change ☐ Addition NAME SANTIAGO, FRED NAME STREET ADDRESS 3312 NORTH MIAMI AVENUE STREET ADDRESS 34.5 CITY-ST-7IP MIAMI FL 33127 CITY-ST-7IP SVD TITLE ☐ Delete TITLE Change ☐ Addition DAHLAN, THOMAS J NAME MARIE 6262 BIRD ROAD #302 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP CITY-ST-ZIP SITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE : TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

s, with all other like empowered.

changed, or on an attach

SIGNATURE:

FILED