


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90418 021 ***150.00

DOCUMENT # P0000080013	
1. Entity Name CTCOP MIAMI INC.	

Principal Place of Business 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	Mailing Address 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131
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2. Principal Place of Business 1390 Brickell Ave.	3. Mailing Address 1390 Brickell Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Miami, Florida	City & State Miami, Florida
Zip 33131	Country USA



04142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1033876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Luis Agramunt Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., Suite 200 City Miami FL Zip Code 33131	

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 **Luis Agramunt** *[Signature]* **04/15/2004** DATE

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 After May 1, 2004 Fee will be \$550.00	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 D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MARTIN, SERGIO MARRERO		NAME	
STREET ADDRESS 1221 BRICKELL AVENUE SUITE 1100		STREET ADDRESS 1390 Brickell Ave., Suite 200	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP Miami, Florida 33131	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **04/15/2004** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone **305-373-5802**