

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-04-2006 90513 001 *1,411.25
P00000080013

DOCUMENT # P00000080013 1. Entity Name CTCOP MIAMI INC.	
---	---

Principal Place of Business 1114 S. DOUGLAS ROAD SUITE 6 CORAL GABLES, FL 33134	Mailing Address 1114 S. DOUGLAS ROAD SUITE 6 CORAL GABLES, FL 33134
---	---

DO NOT WRITE IN THIS SPACE

FILED
06 MAY 26 AM 8:40
SECRETARY OF STATE
66014696
TALLAHASSEE, FLORIDA


04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1033876	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**AGRAMUNT, LUIS
1114 S. DOUGLAS ROAD
SUITE 6
CORAL GABLES, FL 33134**

**DO NOT WRITE
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 _____

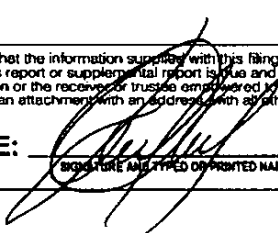
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, SERGIO MARRERO 1114 S. DOUGLAS ROAD, SUITE 6 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

\$35120

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:  **SERGIO MARRERO (POA)** **04/15/2006** **(305) 448-3077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #