


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90129 038 \*\*\*150.00

<b>DOCUMENT #</b> P02000083260	
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1. Entity Name  
CT ACQUISITION, INC.

Principal Place of Business  
5225 NW 87TH AVENUE, SUITE 100  
MIAMI FL 33178

Mailing Address  
5225 NW 87TH AVENUE, SUITE 100  
MIAMI FL 33178



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 71-0897921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131	7. Name and Address of New Registered Agent Name: Daniel Contreras Street Address (P.O. Box Number is Not Acceptable): 5225 NW 87 Avenue Suite 100 City: Miami FL Zip Code: 33173
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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 3/26/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 3/26/03 DAYTIME PHONE 305/261-7778

CR2E034 (10/02)

*Attachment*

C. T Aquisitions, Inc

5225 S.W. 87th Avenue  
Suite 100  
Miami, Florida 33126  
Tel (305) 261-7778  
Fax (305) 436 86 74

April 8, 2003

Florida Department Of State  
Division Of Corporation  
PO BOX 1500  
Tallahassee FL 32302-1500

Re: P02000083260

55026187

Enclose find the form for the annual report /uniform Business report with  
completed Block 4 for my Federal employer identification (FEI)

Number **71-0897921**

Sorry for the inconvenience and thank for your help

Sincerely yours,

  
\_\_\_\_\_  
Connie Ramirez  
Staff account