


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

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90041 044 \*\*\*158.75

**DOCUMENT # P02000127358**  
 1. Entity Name  
**FCT TECHNOLOGIES, CORP.**



Principal Place of Business      Mailing Address  
 10300 SUNSET DRIVE SUITE 272      10300 SUNSET DRIVE SUITE 272  
 MIAMI FL 33173      MIAMI FL 33173

**50026857**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
 10491 SW 88 ST      10491 SW 88 ST  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 # F202      # F202

City & State      City & State  
 MIAMI FL      MIAMI FL  
 Zip      Country      Zip      Country  
 33176      DADE      33176      DADE

4. FEI Number      Applied For  
 14-1869288      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
 TARACIDO, NELSON ESQ  
 5825 SUNSET DR SUITE 210  
 SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	ISHOOF, ASAD	
STREET ADDRESS	11450 SW 60TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ISHOOF, SAIF	
STREET ADDRESS	11450 SW 60TH AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Asad Ishoof - ASAD ISHOOF      2-15-05      305 412-9155  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #