


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 12855 SW 136 AVE 12855 SW 136 AVE
 STE 104 STE 104
 MIAMI, FL 33186 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE



01092008 No Chg P CR2E034 (11/05)

4. FEI Number 14-1869288	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 must be in ink) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	PT ISHOOF, ASAD 11450 SW 60TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ISHOOF, SAIF 11450 SW 60TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/18/08-80038-018 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119 of the Florida Statutes and that my signature shall have the same legal effect as if I were the president, secretary, or treasurer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, or as if I were the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, or as if I were the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes.

SIGNATURE: SAIF ISHOOF 1/14/08 305.259.4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #