


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000109388

1. Entity Name
CAMBRIDGE TECHNOLOGY INC.



Principal Place of Business 799 CRANDON BLVD. APT. 602 KEY BISCAVNE, FL 33149 US	Mailing Address 799 CRANDON BLVD. APT. 602 KEY BISCAVNE, FL 33149 US
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DO NOT WRITE IN THIS SPACE



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4277014	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIMALDI, MASSIMO
799 CRANDON BLVD.
APT. 602
KEY BISCAVNE, FL 33149**

**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: *Massimo Grimaldi* **MASSIMO GRIMALDI** 4/27/05
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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMALDI, MASSIMO 799 CRANDON BLVD., APT. 602 KEY BISCAVNE, FL 33149
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05/05/05-80085-003 150.00)

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Massimo Grimaldi* **MASSIMO GRIMALDI, president** 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #