

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062964

Entity Name: B.T.T. CORPORATION

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

353 SW 8TH STREET  
MIAMI, FL 33130 US

## New Principal Place of Business:

## Current Mailing Address:

353 SW 8TH STREET  
MIAMI, FL 33130 US

## New Mailing Address:

FEI Number: 65-0460078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, DAVID  
353 SW 8TH STREET  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COHEN, DAVID  
Address: 353 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: COHEN, ANA  
Address: 353 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33130

Title: S ( ) Delete  
Name: COHEN, MARCELO  
Address: 353 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete  
Name: COHEN, GILBERTO  
Address: 353 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN DAVID

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date