

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000052061**

1. Entity Name  
CTA, INC.



Principal Place of Business  
3665 BATTERSEA ROAD  
MIAMI, FL 33133

Mailing Address  
P.O. BOX 331070  
MIAMI, FL 33233-1070



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0679195

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MARTINI, GREGORY T ESQ.  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_

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  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SCURTIS, JOHN C  
STREET ADDRESS 1570 MADRUGA AVENUE, SUITE 305  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D  
NAME SCURTIS, EVANGELINA  
STREET ADDRESS 1570 MADRUGA AVENUE, SUITE 305  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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01/27/05-80024-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** **JOHN C. SCURTIS** 1-15-05 305-858-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #