2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000052061

1. Entity Name
CTA, INC.

Principal Place of Business	Mailing Address
3665 BATTERSEA ROAD	P.O. BOX 331070
MIAMI, FL 33133	MIAMI, FL 33233-1070

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0679195	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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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, 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	D
NAME	SCURTIS, JOHN C
STREET ADDRESS	P.O. BOX 331428
CITY-ST-ZIP	MIAMI, FL 33233

TITLE	D
NAME	SCURTIS, EVANGELINA
STREET ADDRESS	~~1570 MADRUGA AVENUE, SUITE 305~~ *P.o.B 331428*
CITY-ST-ZIP	~~CORAL GABLES, FL 33146~~ *Miami FL 33233*

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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, 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_   2/4/08   _305-858-8938_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #