
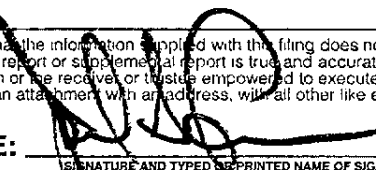


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000012681																																																																																																																										
1. Entity Name CFTCOM, INC.																																																																																																																										
Principal Place of Business 2000 W. COMMERCIAL BLVD. SUITE 232 FT LAUDERDALE, FL 33309			Mailing Address 2000 W. COMMERCIAL BLVD. SUITE 232 FT LAUDERDALE, FL 33309																																																																																																																							
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Zip		Country		Zip																																																																																																																						
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6. Name and Address of Current Registered Agent COLODNY, MICHAEL 2000 W. COMMERCIAL BLVD. SUITE 232 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code																																																																																																																						
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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>																																																																																																																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TALINFELD, HOWARD M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 WEST COMMERCIAL HBLVD. #232</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FASS, JOEL S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 W COMMERCIAL BLVD #232</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLODNY, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2000 W COMMERCIAL BLVD #232</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	TALINFELD, HOWARD M		STREET ADDRESS	2000 WEST COMMERCIAL HBLVD. #232		CITY-ST-ZIP	FT LAUDERDALE, FL 33309		TITLE	DVP	<input type="checkbox"/> Delete	NAME	FASS, JOEL S.		STREET ADDRESS	2000 W COMMERCIAL BLVD #232		CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		TITLE	DST	<input type="checkbox"/> Delete	NAME	COLODNY, MICHAEL		STREET ADDRESS	2000 W COMMERCIAL BLVD #232		CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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)(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:  <div style="float: right; text-align: right;"> Joel S. Fass 7/1/04 (954) 492-4010 </div>																																																																																																																										