2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYP

PRINTED NAME OF

02-09-2005 90034 018 ***150.00 DOCUMENT # P97000012681 Entity Name CFTCOM, INC. Principal Place of Business Mailing Address 40015733 2000 W. COMMERCIAL BLVD. 2000 W. COMMERCIAL BLVD. **SUITE 232** SUITE 232 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0739264 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLODNY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2000 W. COMMERCIAL BLVD. **SUITE 232** FT LAUDERDALE, FL 33309 City 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, typed or unnied name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Election Campaign Flouncing. \$5:00-May Be FILE NOW!!! FEE IS \$150:00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Talenfeld, Howard M. TALENFELD, HOWARD M NAME NAME 2000 W. Commercial Blud, #232 2000 WEST COMMERCIAL MBLVD. #232 STREET ADDRESS STREET ADDRESS CITY-ST-ZeP FT LAUDERDALE, FL 33309 CITY-ST-7P FL 33309 DVP ☐ Delete TITLE ☐ Change Addition FASS JOELS HAME NAME 2000 W COMMERCIAL BLVD #232 STREET ADDRESS STREET ADDRESS City-St-ZiP FT. LAUDERDALE, FL 33309 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition COLODNY, MICHAEL HAME STREET ADDRESS 2000 W COMMERCIAL BLVD #232 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE Detete ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE-Delete TITLE ☐ Change . 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information su or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental to of the corporation or the receiver or truste changed, or on an attachment with an add accurat my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

ICER OR DIRECTOR

FILED Feb 09, 2005 8:00 am

Secretary of State