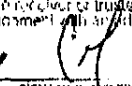


FROM : ACCOUNTING OFFICE

FAX NO. : 3054481648

Apr. 20 2005 10:47AM P2

FILED**May 02, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000037955					
1. Entity Name CBT COMMUNICATIONS CORP					
Principal Place of Business 231 ALTARA AVENUE CORAL GABLES, FL 33146 US			Mailing Address 231 ALTARA AVENUE CORAL GABLES, FL 33146 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0322783			Applied For Not Applicable		
5. Certificate of Status Desired ☐			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BORNACELLI, CARLOS A 231 ALTARA AVENUE CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip		
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. (For use with and in receipt of the obligations of registered agent).			9. Election Campaign Financing Total and Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption titled in Section 119.07(8)(c), Florida Statutes. Further, I 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 if the officer or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with an affidavit, with all other information provided.			U00000352153 05/03/05-80017-001 150.00		
SIGNATURE: 			DATE: 4/28/05		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		