

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053390

Entity Name: F.T.A.A. CONSULTING, INC.

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

1920 LAKESHORE DR.  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

8930 STATE RD. 84  
#289  
FORT LAUDERDALE, FL 33324 US

**New Mailing Address:**

FEI Number: 65-0766776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASTILLO-TRIANA, RAFAEL C  
1920 LAKESHORE DR  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASTILLO-TRIANA, RAFAEL  
Address: 1920 LAKESHORE DRIVE  
City-St-Zip: WESTON, FL 33326

Title: CFO ( ) Delete  
Name: FORSTER-CSVANY, KATRIN D  
Address: 9713 N NEW RIVER CANAL RD. # 303  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete  
Name: CELIS, HUMBERTO  
Address: 8930 STATE RD. 84 # 289  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATRIN D FORSTER

CFO

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date