


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 005 ***150.00

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1. Entity Name
FT&T BEAN LINE, INC.



Principal Place of Business
**POST OFFICE BOX 343450
 FLORIDA CITY, FL 33034**

Mailing Address
**POST OFFICE BOX 343450
 FLORIDA CITY, FL 33034**

DO NOT WRITE IN THIS SPACE



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0787391

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TORBERT, THOMAS JR
 17777 S.W. 285TH STREET
 HOMESTEAD, FL 33030**

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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	TORBERT, THOMAS JR
STREET ADDRESS	17777 S.W. 285TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	TALARICO, LEONARD
STREET ADDRESS	722 S.W. 27TH DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	D
NAME	FINOCCHIARO, SALVATORE
STREET ADDRESS	164 N.W. 15TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Leonard Talarico* Leonard Talarico Date: *1-30-06* (305) 242-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #