

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90077 036 ***150.00

DOCUMENT # P98000090586

1. Entity Name
CTC DEVELOPMENT GROUP, INC.



Principal Place of Business
 299 ALHAMBRA CIRCLE
 SUITE 316
 CORAL GABLES, FL 33134

Mailing Address
 299 ALHAMBRA CIRCLE
 SUITE 316
 CORAL GABLES, FL 33134

24083165



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871786	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELIO
 299 ALHAMBRA CIRCLE
 SUITE 316
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ELIO 299 ALHAMBRA CIRCLE SUITE 316 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

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

[Handwritten Signature]

0830.04

5054430096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CTC. DEVELOPMENT GROUP, INC.

Attachment

P98000090586

2468365

299 Alhambra Circle, Suite # 316
Coral Gables, FL. 33134

Phone 305-443-0096
Fax 305-441-7184

August 30th, 2004

Florida Department Of State
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida.

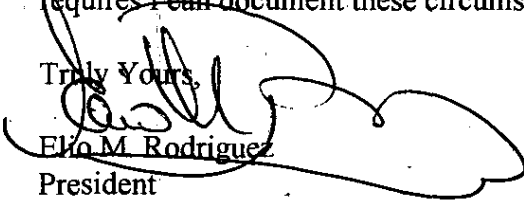
Re : Uniform Business Report

To Whom It May Concern,

Enclosed please accept my filing of the corporation and a check for the filing fees. I kindly request that the late fees be taken into consideration by the state, due to the fact that I was hospitalized and in rehabilitation from an accident I had early this year and nearly took my life.

In view of these circumstance, I would be grateful giving the opportunity to reinstate my corporation and rebuild my life again. These fees do make a difference when little or no income is being received. I am grateful that God allow me a chance to start my life again ! If the state requires I can document these circumstance.

Truly Yours,


Elio M. Rodriguez
President

cc. File