

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100891

Entity Name: FTC SECURITIES, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

TWO SOUTH BISCAYNE BLVD.
SUITE 3790
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

103 N MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 65-0882198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD, INC.
103 NORTH MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32301 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: DP () Delete
Name: CLAMENS, GULLERMO D
Address: 245 PARK AVE., 39TH FLOOR
City-St-Zip: NEW YORK, NY 10187

Title: DS () Delete
Name: CLAMENS, MARIELLA H
Address: 245 PARK AVE., 39TH FLOOR
City-St-Zip: NEW YORK, NY 10187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: GUILLERMO CLAMENS

DP

01/15/2004

Electronic Signature of Signing Officer or Director

Date