

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 018 ***150.00

DOCUMENT # P98000100891 1. Entity Name FTC SECURITIES, INC.					
Principal Place of Business TWO SOUTH BISCAYNE BLVD. SUITE 3790 MIAMI, FL 33131 US			Mailing Address 103 N MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 US		
2. Principal Place of Business <i>Two South Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 2685</i>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <i>Miami, FL</i>		City & State 		4. FEI Number 65-0882198	
Zip <i>33131</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD, INC. 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	DP CLAMENS, GULLERMO D 245 PARK AVE., 39TH FLOOR NEW YORK, NY 10187	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Clamens, Guillermo D 126 E 56th Street Suite 3110 New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLAMENS, MARIELLA H 245 PARK AVE., 39TH FLOOR NEW YORK, NY 10187	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Clamens, Mariella H 126 E 56th Street Suite 3110 New York, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 info empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>4/19/05</i>				Daytime Phone # _____	

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