#### **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

### DOCUMENT # P99000078972

1. Entity Name BFT EQUITY CORP.



**FILED** May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431 Mailing Address

2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431



## DO NOT WRITE IN THIS SPACE

01242005 No Cha-P CR2E034 (10/03)

Applied For 4. FE! Number 65-0945560 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM R 2300 GLADES ROAD SUITE 100E BOCA RATON EL 33431

# DO NOT WRITE IN THIS SPACE

555/10/10/1,72 55451						
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	t
SIGNATURE.	Signature, typed or printed name of registered agent and title i	if applicable (NOTE, Registered	d Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	nolng	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			A	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431				U00000352726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000352726 05/03/05-80038-020 150.00	
NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET AODRESS						

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.

William R. Greenfield

SIGNATURE:

561-392-6662