2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085223

Title:

Name:

Address:

City-St-Zip:

C.T.C. FINANCIAL & INVESTMENT GROUP, INC.

FILED Apr 07, 2004 Secretary of State

Entity Nar	me: G.T.G. FI	NANCIAL & INVESTMENT	GROUP, IN	U.			
Current Principal Place of Business:				New Principal Place of Business:			
	NTUM LAKES	DR					
203 BOYNTON	BEACH, FL	33426					
Current Mailing Address:				New Mailing Address:			
2500 QUANTUM LAKES DR 203							
	BEACH, FL	33426					
FEI Number: 65-0951093 FEI Number Applied For ()			FEI Nur	El Number Not Applicable () Certificate of Status Desired ()			ired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
6513 COLI	Z, ORLANDO JMBIA AVE RTH, FL 3346						
	named entity : e of Florida.	submits this statement for th	e purpose c	of changing i	ts registered	d office or registered ager	it, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () GONZALEZ, OI 6513 COLUMB LAKE WORTH,	IA AVE.		Title: Name: Address: City-St-Zip:	GONZALEZ, 11672 SOUT	(X) Change () Addition ORLANDO M 'H BREEZE PLACE N, FL 33467	
Title: Name: Address: City-St-Zip:	VP () GONZALEZ, W 6513 COLUMB LAKE WORTH,	IA AVE.		Title: Name: Address: City-St-Zip:	GONZALEZ, 11672 SOUT	(X) Change()Addition WENDY C H BREEZE PLACE N, FL 33467	
Title: Name: Address: Citv-St-Zip:	S () BOLTON, JUAN 942 NE 199 ST N. MIAMI, FL 3	., # 301		Title: Name: Address: Citv-St-Zip:	CFO BOLTON, JU 942 NE 199 N. MIAMI, FL	ST., #301	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ORLANDO M. GONZALEZ PRES 04/07/2004

() Delete

() Change (X) Addition

GONZALEZ, MARIA

11672 SOUTH BREEZE PLACE

WELLINGTON, FL 33467