

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 586641

Entity Name: BFTG HOLDING COMPANY, INC.**Current Principal Place of Business:**4425 PONCE DE LEON BLVD
4TH FLOOR
CORAL GABLES, FL 33146**Current Mailing Address:**4425 PONCE DE LEON BLVD
4TH FLOOR
CORAL GABLES, FL 33146**FEI Number:** 59-2742556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOMSTEIN, BRIAN ESQ.
4425 PONCE DE LEON BLVD
4TH FLOOR
CORAL GABLES, FL 33146 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	HECTOR, NANCY T
Address	4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33146

Title	D, CEO
Name	ERTEL, DAVID
Address	4425 PONCE DE LEON BLVD., 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33146

Title	PRESIDENT
Name	QUINT, DAVID
Address	4425 PONCE DE LEON BVLD. 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	CRESPO, MILCA
Address	4425 PONCE DE LEON BLVD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33146

Title	SVP, CFO
Name	WAGOVICH, TAMMIE
Address	4425 PONCE DE LEON BLVD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33146

I hereby 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 all other like empowered.

SIGNATURE: MILCA CRESPO

VP

04/29/2024

Electronic Signature of Signing Officer/Director Detail_____
Date