

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63593

FILED  
Jun 02, 2009  
Secretary of State

Entity Name: G. THOMAS CATALUCCI, INC.

**Current Principal Place of Business:**

2601 NE 14TH AVE APT 402  
FORT LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

2009 N. VICTORIA PARK ROAD  
FORT LAUDERDALE, FL 33305 US

**Current Mailing Address:**

1355 W PALMETTO PARK RD  
STE 184  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 59-2791524      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CATALUCCI, G. THOMAS  
2009 N. VICTORIA PARK ROAD  
FT. LAUDERDALE, FL 33305 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            DPS            ( ) Delete  
Name:            CATALUCCI, G. THOMAS  
Address:        2601 NE 14 AVE APT 402  
City-St-Zip:    FORT LAUDERDALE, FL 33334

Title:            T                ( ) Delete  
Name:            CATALUCCI, G. THOMAS  
Address:        2601 NE 14 AVE APT 402  
City-St-Zip:    FORT LAUDERDALE, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DPS            (X) Change ( ) Addition  
Name:            CATALUCCI, G. THOMAS  
Address:        2009 N. VICTORIA PARK ROAD  
City-St-Zip:    FORT LAUDERDALE, FL 33305

Title:            T                (X) Change ( ) Addition  
Name:            CATALUCCI, G. THOMAS  
Address:        2009 N. VICTORIA PARK ROAD  
City-St-Zip:    FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: G. THOMAS CATALUCCI

PRES

06/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date