

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90122 030 ***155.00

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04302004 Chg-P CR2E034 (10/03)

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|---|---|---|---|--|---|
| DOCUMENT # P01000115197 | | | | | |
| 1. Entity Name THREE SISTERS CATERING CORPORATION | | | | | |
| Principal Place of Business 17229 NW 73 AVE MIAMI, FL 33015 | | | Mailing Address 17229 NW 73 AVE MIAMI, FL 33015 | | |
| 2. Principal Place of Business | | 3. Mailing Address 5810 SW 112 CT. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Miami FL | | 4. FEI Number 01-0638014 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip 33173 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, MARISOL 17229 NW 73 AVE MIAMI, FL 33015 | | | 7. Name and Address of New Registered Agent Name Marilyn Ramos-Fernandez Street Address (P.O. Box Number is Not Acceptable) 5810 SW 112 CT City miami FL Zip Code 33173 | | |
| 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 Marilyn R. Fernandez (NOTE: Registered Agent signature required when re-registering) DATE 4-30-04 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 | VD RODRIGUEZ, MARISOL 17229 NW 73 AVE MIAMI, FL 33015 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Marilyn Fernandez 5810 SW 112 CT MIAMI FL 33173 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FERNANDEZ, MARILYN 9107 NW 176 LN MIAMI, FL 33018 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Mario Fernandez 5810 SW 112 CT MIAMI FL 33173 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ECHEMENDIA, JOSE 10452 SW 48 STREET MIAMI, FL 33165 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | | | |
| SIGNATURE: Marilyn R. Fernandez (NOTE: Signature and typed or printed name of signing officer or director) DATE 4-30-04 DAYTIME PHONE # | | | | | |