

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000066058 1. Entity Name ELEGANT CATERING INC.		May 16, 2005 08:00 AM Secretary of State									
Principal Place of Business 12541 SW 95 TERRACE MIAMI FL 33186		Mailing Address 12541 SW 95 TERRACE MIAMI FL 33186									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country		City & State Zip Country									
4. FEI Number 32-0018888		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent GALLARDO, ALBA L 12541 SW 95 TERRACE MIAMI FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code									
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; vertical-align: top;">PD GILLARDO, ALBA L 12541 SW 95 TERRACE MIAMI FL 33186</td></tr><tr><td style="text-align: right;">Delete <input type="checkbox"/></td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILLARDO, ALBA L 12541 SW 95 TERRACE MIAMI FL 33186	Delete <input type="checkbox"/>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="text-align: right;">Delete <input type="checkbox"/></td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Delete <input type="checkbox"/>	
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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: <i>Alba L. Gallardo</i> 4/30/05 786-336-0201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									