


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000167778

1. Entity Name
DAB CATERING, INC.



Principal Place of Business
**9834 WEST GLADES ROAD
 BOCA RATON, FL 33439**

Mailing Address
**9834 WEST GLADES ROAD
 BOCA RATON, FL 33439**

DO NOT WRITE IN THIS SPACE



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2404146	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BELLETTI, DOMENICO
 2115 SOUTH OCEAN BOULEVARD
 UNIT 12
 DELRAY BEACH, FL 33483**

DO NOT WRITE IN THIS SPACE

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S BELLETTI, DOMENICO 2115 SOUTH OCEAN BOULEVARD, UNIT 12 DELRAY BEACH, FL 33483
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 07/21/06-80002-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Domenico Belletti Res.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____