


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000167778</b>	
1. Entity Name DAB CATERING, INC.	

Principal Place of Business 1790 N CONGRESS AVE BOYNTON BEACH, FL 33426	Mailing Address 1790 N CONGRESS AVE BOYNTON BEACH, FL 33426
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**DO NOT WRITE IN THIS SPACE**

03022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2404146 Applied For  
Not Applicable

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 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	BELLETTI, DOMENICO
STREET ADDRESS	2115 SOUTH OCEAN BOULEVARD, UNIT 12
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000849343  
 03/21/08-80016-022-150.00

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 I&Os empowered.

SIGNATURE:  3-3-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #