


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000044532**

1. Entity Name  
**T G S CATERING, INC.**



Principal Place of Business <b>8177 W. GLADES ROAD          SUITE 9          BOCA RATON, FL 33434</b>	Mailing Address <b>8177 W. GLADES ROAD          SUITE 9          BOCA RATON, FL 33434</b>
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**DO NOT WRITE IN THIS SPACE**



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2485868</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BELLITTI, DOMENICO  
 2115 S OCEAN BLVD  
 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	PSTD BELLITTI, DOMENICO 2115 SOUTH OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NACCARATO, ANTHONY 8177 W. GLADES RD BOCA RATON, FL 33434
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 07/18/06-80003-025 150.00

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 Bellitti*

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