

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066427

FILED  
Sep 20, 2004  
Secretary of State

Entity Name: CATERED EVENTS, INC.

**Current Principal Place of Business:**

20400 NE 30 AVE  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20400 NE 30 AVE  
MIAMI, FL 33180 US

**New Mailing Address:**

FEI Number: 65-0689712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLLAK, STEVEN  
1122 HIDDEN VALLEY WAY  
WESTON, FL 33327

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POLLAK, JEANNE  
Address: 3530 MYSTIC PT DRIVE  
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete  
Name: POLLAK, MICHAEL  
Address: 3245 NE 184TH STREET, #13310  
City-St-Zip: MIAMI, FL 33160

Title: S ( ) Delete  
Name: POLLAK, STEVEN  
Address: 1122 HIDDEN VALLEY WAY  
City-St-Zip: WESTON, FL 33324

Title: D ( ) Delete  
Name: MARKOFSKY, CARRI  
Address: 8290 VIA SERENA  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN POLLAK

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V

09/20/2004

\_\_\_\_\_ Date