

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066427

FILED
Jun 09, 2005
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 US

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: JEANNE POLLAK

D

06/09/2005

Electronic Signature of Signing Officer or Director

_____ Date