


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 036 ***150.00

| | |
|---|---|
| DOCUMENT # P97000065982 1. Entity Name A MATTER OF TASTE CATERING UNLIMITED, INC. |  |
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| Principal Place of Business 3816 SW 8 STREET CORAL GABLES, FL 33134 | Mailing Address 3816 SW 8 STREET CORAL GABLES, FL 33134 |
|---|---|

DO NOT WRITE IN THIS SPACE

20018839



02252006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0771983 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GARCIA, GRISBEL 3816 S.W. 8TH STREET MIAMI, FL 33134 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD GARCIA, MIRTA 3816 SW 8 ST CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GARCIA, ORESTES 3816 SW 8 ST CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD GARCIA, GRISSEL 3816 SW 8 ST CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: *Grisel* 3/20/06 305-547-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #