

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P97000065982
 1. Entity Name
 A MATTER OF TASTE CATERING UNLIMITED, INC.



Principal Place of Business Mailing Address
 3816 SW 8 STREET 3816 SW 8 STREET
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0771983 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ (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

U00000858583
 04/09/08-80014-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GARCIA, MIRTA
STREET ADDRESS	3816 SW 8 ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	GARCIA, ORESTES
STREET ADDRESS	3816 SW 8 ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	GARCIA, GRISEL
STREET ADDRESS	3816 SW 8 ST
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Garcia Date: 3/21/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR