

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000008732

1. Entity Name
IZZY'S CATERING INC.



Principal Place of Business
16964 SW 109TH COURT
MIAMI, FL 33157

Mailing Address
16964 SW 109TH COURT
MIAMI, FL 33157



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0808854	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARRIOS, AMALIA ISABEL
16964 SW 109TH COURT
MIAMI, FL 33157

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARRIOS, AMALIA ISABEL
STREET ADDRESS	16964 SW 109TH COURT
CITY - ST - ZIP	MIAMI, FL 33157

TITLE	D
NAME	BARRIOS, GUILLERMO A
STREET ADDRESS	16964 SW 109TH COURT
CITY - ST - ZIP	MIAMI, FL 33157

TITLE	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Amalia Isabel Barrios* *Juan Carlos Barrios* 1/12/04 305-272-1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #