2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000095872 1. Entity Name KATAMY, INC.								Feb 12, 2004 08:00 AN Secretary of State	1
Principal Place	e of Business		Mailir	ng Address		<u> </u>			
994 SHAW DRIVE 9				994 SHAW DRIVE					
KEY LARGO FL 33037 KEY LARGO					7		1		
2. Principal Place of Business			3. Ma	3. Mailing Address					
Suite Ant # ete			Sui	Suite. Apt #, etc			-{		
Suite, Apt. #, etc.			Sui	Suite, Apr. #, etc				MOORE CR2E034 (11/03)	
City & State			City	City & State			4. FI	El Number 65-0898411 Applied For Not Applied	
7.a. Country			7in		ntry	\$9.75 Additional			
Διρ	Zip Country		کاب	Zip Cou		5. Certificate of Status Desired Fee Required		- }	
6. Name and Address of Current I				ed Agent	7. Name and Address of New Registered Agent				
1011N B 500 /						Name			
MAAS, JOHN P ESQ/ 44 NE 16 STREET						Street Address (P.O. Box Number is Not Acceptable)			
HOMESTEAD FL 33030									
						Chi	City Zip Code		
									
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 Signature typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 \$5.00 Use Parties Campaign Financing									
After May 1, 2004 Fee will be \$550.00								9. Election Campaign Financing \$5.00 May Br Trust Fund Contribution.	e
Make Check Payable to Florida Department of State								DETECTOR AND DESCRIPTION AND D	
10.	D	OFFICER	IS AND DIRECT	ORS Delete	11.		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE NAME				NAA Stri				<u> </u>	
	STREET ADDRESS 994 SHAW DRIVE					EET ADDRESS			
CITY -ST - ZIP	KEY LARGO FL 33037					/-ST-ZIP	T Abbre		
TITLE NAME	D					U00000047819			
STREET AODRESS	SCHWEISS, KRISTY S 994 SHAW DRIVE					EET ADDRESS	02/12/04-80056-001 150.00		
CITY-ST-ZIP	KEY LARGO FL 33037			CITY		r-ST-ZIP			
TITLE				TITL	1	☐ Change ☐ Addition			
NAME STREET ADDRESS					NAM STR	ME BET ADDRESS			
CITY+ST-ZIP					1	Y-ST-ZIP			
TITLE				☐ Delete	TITL	E		☐ Change ☐ Addi	tion
NAME					NAN				
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y+ST-ZIP			
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NAME				广⊐ peiere	NAN	l l			
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CITY-ST-ZIP	ļ <u> </u>				_	Y - ST - ZIP			<u> </u>
TITLE				Delete	TITL Nam	1		☐ Change ☐ Addi	tion
NAME STREET ADDRESS				1	EET ADDRESS				
CITY+ST-ZIP						Y-ST-ZIP			
12. I hereby	certify that th	e information supp	lied with this filin	ig does not qualify fo	or the exe	emption stated in S	Section 1	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath, that I am an officer or direct	n or
Incredy certify that the information supplied with his litting does not quarify for the exemption state in social of 1907 (5), Portrad Statutes. Notice of the findicated 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 truster 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 a places, with all other like empowered.									
changed, or on an attachment with arradgress, with arrother like empowered.									

MANIE OF SIGNING OFFICER OR DIRECTOR DECLARATION Date Davine Phone +

FILED.