

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 316967

FILED  
Feb 25, 2004  
Secretary of State

Entity Name: CATALANO'S NURSES REGISTRY, INC.

## Current Principal Place of Business:

% MARTIN STARR  
9703 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

## New Principal Place of Business:

419 WEST 49TH ST.  
SUITE 200  
HIALEAH, FL 33012 US

## Current Mailing Address:

% MARTIN STARR  
9703 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

## New Mailing Address:

419 WEST 49TH ST.  
SUITE 200  
HIALEAH, FL 33012 US

FEI Number: 59-1303456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CATALANO, ARLENE  
630 W 50 PLACE  
HIALEAH, FL 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: TD ( ) Delete  
Name: CATALANO, ARLENE,  
Address: 630 W. 50 PLACE  
City-St-Zip: HIALEAH, FL

Title: PD ( ) Delete  
Name: CATALANO, MARC,  
Address: 11935 SW 15TH CT  
City-St-Zip: DAVIE, FL 33325

Title: VP ( ) Delete  
Name: CATALANO, CARL  
Address: 2522 SW 180 AVE  
City-St-Zip: MIRAMAR, FL 33029

## 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:

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: MARC L CATALANO

PRES

02/25/2004

Electronic Signature of Signing Officer or Director

Date