,2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # L45433 CATERING COORDINATION AND ADMINISTRATION, INC. Principal Place of Business Mailing Address 2307 S DOUGLAS RD 2307 S DOUGLAS RD **SUITE 403** SUITE 403 MIAMI, FL 33145 US MTAMI, FL 33145 03242008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0166292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALAVERA, MARTHA DO NOT WRITE 2307 S DOUGLAS RD SUITE 403 IN THIS SPACE MIAMI, FL 33145 5. 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 lamiliar with, and accept (NOTE: Registered Agent agreaure required when reinstaling) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Financing Trust Fund Contribution. Added to Fces 10. OFFICERS AND DIRECTORS TILE SCHULTZ, GUILLERMO DR. NAME STREET ADDRESS 6116 EXECUTIVE BLVD. SUITE 401 000000489865 04/18/06-80032-011 150.00 CITY-SI-ZP ROCKVILLE, MD 20852 TITLE TALAVERA, MARTHA NAME STREET ADDRESS 2307 S DOUGLAS RD. City-St-ZP MIAMI, FL 33145 3 (T) STREET ADDRESS DO NOT WRITE CHY-ST-ZP IN THIS SPACE TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE

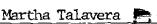
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustide 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

NAME STREET ADDRESS CITY-SI-2P

NAME STREET ADDRESS CITY-ST-ZIP

CAUNO MODERA



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FILED

(305) 448-7225

Daytma Fhoru #