

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L45433

1. Entity Name

CATERING COORDINATION AND ADMINISTRATION, INC.



Principal Place of Business

2307 S DOUGLAS RD
SUITE 403
MIAMI, FL 33145 US

Mailing Address

2307 S DOUGLAS RD
SUITE 403
MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0166292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALAVERA, MARTHA
2307 S DOUGLAS RD
SUITE 403
MIAMI, FL 33145

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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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000685194
04/06/07-80063-002 150.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME SCHULTZ, GUILLERMO DR.
STREET ADDRESS 6116 EXECUTIVE BLVD. SUITE 401
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE VP
NAME TALAVERA, MARTHA
STREET ADDRESS 2307 S DOUGLAS RD.
CITY-ST-ZIP MIAMI, FL 33145

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Talavera

(305) 448-7225

Date

Daytime Phone #