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	GAEL FERNANDEZ-NECKELMANN			11/16/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRES	Title	VP	
Name	SCHULTZ, GUILLERMO DR.	Name	FERNANDEZ-NECKELMANN, G	AEL
Address	6116 EXECUTIVE BLVD. SUITE 401	Address	2307 S DOUGLAS RD	
City-State-Zip:	ROCKVILLE MD 20852		SUITE 403	
		City-State-Zip:	MIAMI FL 33145	
Title	SECY			

#### Name and Address of Current Registered Agent:

CONSLA, DEBORAH A

8301 BROADWAY, SUITE 201

SAN ANTONIO TX 78209

Name

Address

City-State-Zip:

FERNANDEZ-NECKELMANN, GAEL 2307 S DOUGLAS RD SUITE 403 MIAMI, FL 33145 US

#### I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Entity Name: CATERING COORDINATION AND ADMINISTRATION, INC.

#### **Current Principal Place of Business:**

2307 S DOUGLAS RD SUITE 403 MIAMI, FL 33145

DOCUMENT# L45433

#### **Current Mailing Address:**

2307 S DOUGLAS RD SUITE 403 MIAMI, FL 33145 US

#### FEI Number: 65-0166292

11/16/2015

## FILED Nov 16, 2015 Secretary of State CC5111627545

### Certificate of Status Desired: Yes

VP