

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 217574  
1. Entity Name  
CATAMAL REALTY INC



Principal Place of Business 3001 PONCE DELEON BLVD SUITE 200 CORAL GABLES, FL 33134	Mailing Address 3001 PONCE DELEON BLVD SUITE 200 CORAL GABLES, FL 33134
--	--

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0881793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MAXEY, WIRT T.  
3001 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LYN 7466 OLD BAY POINTE BLVD MILTON, FL 325832937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAXEY, WIRT T 3001 PONCE DE LEON BLVD, #200 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAXEY, REBECCA A 3001 PONCE DE LEON BLVD., #200 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, CAROL 1715 SW MOCKINGBIRD DR SAINT LUCIE WEST, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000221967  
02/09/05-80055-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/4/05 305-466-7666  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #  
WIRT T. MAXEY, PTD