

**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**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0881793

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WIRT T. MAXEY, PTD

2/4/05

Date

305-466-7666

Daytime Phone #