
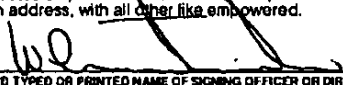


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90077 012 \*\*\*100.00  
03-30-2005 90028 021 \*\*\*\*50.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # 295942</b><br>1. Entity Name<br><b>KATEMPA ENTERPRISES, INC.</b>  |  |  |   |                |  |
| Principal Place of Business<br><b>305 SW 12TH AVENUE<br/>MIAMI FL 33130</b>   |  |  | Mailing Address<br><b>305 SW 12TH AVENUE<br/>MIAMI FL 33130</b>   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                               |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                              |   |   |  |
| City & State  |  | City & State                                     |   | 4. FEI Number <b>59-1152075</b>   |  |
| Zip   |  | Country  |   | <input type="checkbox"/> 5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |  |  |   | 7. Name and Address of New Registered Agent   |  |
| <b>COSTANEDA, WALTER JR<br/>2221 SW 164TH AVENUE<br/>MIRAMAR FL 33027</b>   |  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code           |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |  | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>PD<br/>COSTANEDA, WALTER O<br/>2221 SW 164TH AVENUE<br/>MIRAMAR FL 33027</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>CASTANEDA, WALTER O, JR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>VSTD<br/>COSTANEDA, JESSICA P<br/>2221 SW 164TH AVENUE<br/>MIRAMAR FL 33027</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>CASTANEDA, JESSICA P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>TD<br/>RODRIGUEZ, RAINALDO<br/>3405 ALHAMBRA CIRCLE<br/>MIAMI FL 33134</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>2/17/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |   |  |



1st MOORE CR2E034 (10/04)