FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Mar 13, 2006 08:00 AM **Secretary of State DOCUMENT #327444** 1. Entity Name GREATER MIAMI CATERERS, INC. Principal Place of Business Mailing Address **4001 NORTHWEST 31ST AVENUE** 4001 NORTHWEST 31ST AVENUE MIAMI, FL 33142 MIAMI, FL 33142 management of the comment of the com CR2E034 (11/05) 01272006 No Cha-P Applied For 4. FEI Number 59-1209174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BUTLER, JACQUELINE 1461 NORTHEAST 102ND STREET MIAMI SHORES, FL 33138 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. INOTE: Registered Agent signature required when refristating! Stonature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PST BUTLER, JACQUELINE 1461 N.E. 102ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 OLMO, JOHN 318 SW 163 AVE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33027 STREET ADDRESS DO NOT WRITE CITY-ST-2IP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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: A

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TITLE NAME STREET ADDRESS CITY-ST-ZIP