


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 327444</b> 1. Entity Name GREATER MIAMI CATERERS, INC.	
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Principal Place of Business 4001 NORTHWEST 31ST AVENUE MIAMI, FL 33142	Mailing Address 4001 NORTHWEST 31ST AVENUE MIAMI, FL 33142
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1209174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BUTLER, JACQUELINE  
1461 NORTHEAST 102ND STREET  
MIAMI SHORES, FL 33138

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BUTLER, JACQUELINE 1461 N.E. 102ND STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLMO, JOHN 318 SW 163 AVE PEMBROKE PINES, FL 33027
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05/29/07-80040-015 150.00

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IN THIS SPACE**

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:** *X Jacqueline C. Butler* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*X 3/22/07* **Date** *X 305-633-4616* **Daytime Phone #**