## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 327444

1. Entity Name
GREATER MIAM! CATERERS, INC.



FILED
Mar 17, 2008 08:00 All
Secretary of State

Principal Place of Business

Mailing Address

4001 NORTHWEST 31ST AVENUE MIAMI, FL 33142

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03042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1209174 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and uttle if applicable (NOTE: Registered A				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BUTLER, JACQUELINE 1461 N.E. 102ND STREET MIAMI SHORES, FL 33138				U00000859826 04/02/08-80038-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLMO, JOHN 318 SW 163 AVE PEMBROKE PINES, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME 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: X

DACQUELLE C. BUTLE
SMITURE AND SYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/15/08

305-633-4616

Daytime Phone #