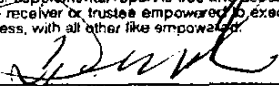


FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72266			
1. Entity Name AMELIA & CARMEN CATERING, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4542 PALM AVENUE		3. Mailing Address 4542 PALM AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33012		Country USA	
City & State HIALEAH, FLORIDA		4. FEI Number 59-2183845	
Zip 33012		Country USA	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name DANIEL M. POU			
Street Address (P.O. Box Number is Not Acceptable) 8311 NW 166th TERRACE			
City MIAMI LAKES FL Zip Code 33016			
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 re-registering) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMELIA I. POU 19806 NW 86th CT HIALEAH, FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEN HERNANDEZ 340 E 56 ST HIALEAH, FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL M. POU 8311 NW 166 TERRACE MIAMI LAKES, FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMELIA I. POU 19806 NW 86th CT HIALEAH, FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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)(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 on an attachment with an address, with all other like empow...			
SIGNATURE: 		04/22/08 305-362-5360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034B (12/02)