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

40103331

2. Principal Place of Business		3. Mailing Address	
4542 PALM AVENUE		4542 PALM AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33012	Country USA	Zip 33012	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2183845 — Applied For / Not Applicable

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMELIA I. POU
STREET ADDRESS	19806 NW 86th CT
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	VD
NAME	CARMEN HERNANDEZ
STREET ADDRESS	340 E 56 ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD
NAME	DANIEL M. POU
STREET ADDRESS	8311 NW 166 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	TD
NAME	AMELIA I. POU
STREET ADDRESS	19806 NW 86th CT
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 empowered.

SIGNATURE: ______________________ 04/22/08 305-362-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mar 06 2008 2:29 ECFS 3054449977 p.1