

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1/1

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90089 005 \*\*\*150.00

**DOCUMENT # G00093**

1. Entity Name  
**MENA CATERING, INC.**



Principal Place of Business

% JORGE C. DE MENA  
7462 SW 48 ST  
MIAMI, FL 33155

Mailing Address

% JORGE C. DE MENA  
7462 SW 48 ST  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2235454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE MENA, JORGE C  
6100 SW 95 CT  
MIAMI, FL 33173

**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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE MENA, LOURDES M
STREET ADDRESS	6100 S W 95 CT
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	DT
NAME	DE MENA, JORGE C
STREET ADDRESS	6100 S W 95 CT
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 the empowered.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

x 2/13/07

Date

Daytime Phone #