

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35799

Entity Name: KATZ SPECIALTIES, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

901 LEELAND HGTS BLVD  
LEHIGH ACRES, FL 33936 US

## New Principal Place of Business:

901 LEELAND HGTS BLVD W  
LEHIGH ACRES, FL 33936 US

## Current Mailing Address:

901 LEELAND HGTS BLVD  
LEHIGH ACRES, FL 33936 US

## New Mailing Address:

901 LEELAND HGTS BLVD W  
LEHIGH ACRES, FL 33936 US

FEI Number: 59-2736840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KATZ, JOSEPH E  
901 W LEELAND HGTS BLVD  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

KATZ, JOSEPH E  
901 W LEELAND HGTS BLVD W  
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: JOSEPH E KATZ

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: KATZ, RACHE W  
Address: 302 N GREENWOOD AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VDT ( ) Delete  
Name: KATZ, JOSEPH E  
Address: 302 N GREENWOOD AVE  
City-St-Zip: LEHIGH, FL 33936

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: KATZ, RACHEL W  
Address: 302 N GREENWOOD AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT ALLEN

MGR

04/26/2007

Electronic Signature of Signing Officer or Director

Date