2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

					, oun 15	, = 000	00.00 711
1. Entity Nan	MENT # J47252 L A. CATALANO, P.A.	*			Sec	retary	of State
Principal Plac	ce of Business	Mailing Address					
1531 NW 13	3 CT	1531 NW 13 CT					
MIAMI, FL 3	3125 US_	MIAMI, FL 33125 US					
					SE NINEL LENGTH TERMS WILLIAMS	WINIS BINIS BINIS BIRIS	MANUAL MEMATERNAL DE LIGHAL

			01072005	No Chg-P	CR2E034 (1	0/03)	
	O NOT WRITE	CE	4. FEI Numb	ner		Applied For	
				59-27			Not Applicable
				5. Certificate	e of Status Desired	□ \$8.7	5 Additional
	6. Name and Address of Current R	egistered Agent	<u></u>			FEB H	equired
			1				
CATALAN 1531 NW	O, MICHAEL A. 13 CT -	—— DO NOT WRITE					
MIAMI, FL			-IAI ·	THIS SP	ACE		
				11.4	INIO OF	ACE	

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	ncing \$5.	00 May Be ad to Fees				
10.	ÖFFICERS AND D	IRECTORS			1		
TITLE	DP						
NAME	CATALANO, MICHAEL A.				Haaaaa	2 mg an an an an	
STREET ADDRESS	1531 NW 13 CT		•		01/13/05-	179687 00007 010	150 00
CITY-ST-ZIP	MIAMI, FL 33125		-		617.107.00	90051-012	150.00
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NAME STREET ADDRESS			1				
CITY+ST-ZIP							

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 Block 11 if changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

305325924

Daylima Phone #