


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K00054</b> 1. Entity Name <b>CATALYST-REIFF ASSOCIATES, INC.</b> <b>ARCHITECTURE-ENGINEERING</b>		
Principal Place of Business % JOSEPH G. REIFF 411 S. 21ST AVE HOLLYWOOD FL 33020		Mailing Address % JOSEPH G. REIFF 411 S. 21ST AVE HOLLYWOOD FL 33020
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
REIFF, JOSEPH G. 411 S. 21ST AVE HOLLYWOOD FL 33020		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code                 </div>
B. 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		DATE
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)		Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete REIFF, JOSEPH G. 411 S. 21ST AVE HOLLYWOOD FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete SPELMAN, EDWARD A. 411 S 21ST AVE HOLLYWOOD FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
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1st MOORE CR2E034 (10/06)

4. FEI Number **65-0013311** Applied For  Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

**SIGNATURE:** Joseph G. Reiff **Joseph G. REIFF** 4-17-07 954920 4004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #