


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K00054**  
 1. Entity Name  
**CATALYST-REIFF ASSOCIATES, INC.**  
**ARCHITECTURE-ENGINEERING**



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
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0013311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**REIFF, JOSEPH G.**  
**411 S. 21ST AVE**  
**HOLLYWOOD, FL 33020**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000002904675  
 05/01/08-80022-010 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFF, JOSEPH G. 411 S. 21ST AVE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPELMAN, EDWARD A. 411 S 21ST AVE HOLLYWOOD, FL
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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 like empowered.

**SIGNATURE:** *Joseph G. Reiff* **JOSEPH G. REIFF** **04/16/08** **954 920 4004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #