
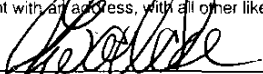


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90032 025 \*\*\*150.00

<b>DOCUMENT # K99336</b> 1. Entity Name <b>CATALINA INDUSTRIES, INC.</b>					
Principal Place of Business <b>18191 N.W. 68TH AVE. MIAMI, FL 33015</b>			Mailing Address <b>18191 N.W. 68TH AVE. MIAMI, FL 33015</b>		
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	4. FEI Number <b>65-0144785</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent -				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, CORYDON A 18191 N.W. 68TH AVE. MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brody, Mark 5200 Town Center Ctr, Suite 470 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOELCKE, GERALD 18191 NW 68 AVE MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woelcke, Gerald 18191 NW 68 Ave Miami, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FOXX, GREG 18191 NW 68 AVE MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCOTT, JIM 18191 NW 68 AVE MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVIDSON, BRUCE 18191 NW 68 AVE MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GILLEN, MICHAEL T 18191 NW 68 AVE MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gillen, Michael T 5200 Town Center Ctr, Suite 470 Boca Raton, FL 33486
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.					
<b>SIGNATURE:</b> 			<b>GWOELCKE</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/17/08</b> Daytime Phone # <b>305-558-4777</b>		