


**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90191 033 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L03000050902			
1. Entity Name CATALINA HOLDINGS, L.L.C.			
Principal Place of Business 4890 S.W. 85TH STREET MIAMI, FL 33143		Mailing Address 4890 S.W. 85TH STREET MIAMI, FL 33143	
2. Principal Place of Business 3855 SW 79th Ave Suite, Apt. #, etc. Miami, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33465	Country USA	Zip	Country
4. FEI Number 33-1080819		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>SALAS, RAUL EGG C/O SALAS, EDE, ET AL 6332 SUNSET DRIVE SOUTH MIAMI, FL 33143</del>		7. Name and Address of New Registered Agent Name <u>Julio Fernandez P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2801 Ponce de Leon Blvd. Suite 290</u> City <u>Coral Gables</u> FL Zip Code <u>33134</u>	
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 <u>Julio Fernandez</u> DATE <u>2/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR- <del>Manager</del> <input checked="" type="checkbox"/> Delete SANCHEZ, CHRISTINE 4890 S.W. 85TH STREET MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> <input type="checkbox"/> Delete Alvaro Sanchez 4890 SW 85 St. Miami FL/33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Alvaro Sanchez</u> DATE <u>2/14/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>			

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