

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

#50

05 MAR 14 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050902

1. Entity Name
CATALINA HOLDINGS, L.L.C.



Principal Place of Business

3855 SW 74TH AVE.
MIAMI, FL 33165

Mailing Address

4890 S.W. 85TH STREET
MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



02092005 No Chg-LLC

CR2E083 (10/03)

MRD

4. FEI Number
33-1080819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JULIO PA
2801 PONCE DE LEON BLVD STE 290
SOUTH MIAMI, FL 33143

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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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SANCHEZ, CHRISTINE
4890 S.W. 85TH STREET
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SANCHEZ, ALVARO
4890 SW 85 ST
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Alvaro Sanchez P. Alvaro Sanchez

3/14/05

305-279-9959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #