

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90387 036 ***150.00

DOCUMENT # L45433

1. Entity Name

CATERING COORDINATION AND ADMINISTRATION, INC.



Principal Place of Business

2307 S DOUGLAS RD
 SUITE 403
 MIAMI FL 33145
 US

Mailing Address

2307 S DOUGLAS RD
 SUITE 403
 MIAMI FL 33145
 US

94077465



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0166292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPE, FRED
 2307 S DOUGLAS RD
 SUITE 403
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Martha Talavera

Street Address (P.O. Box Number is Not Acceptable)

2307 S Douglas Rd., Suite 403

City

Miami

FL

Zip Code
33145

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]

Martha Talavera, Vice President

04-27-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMPE, FRED	
STREET ADDRESS	8301 BROADWAY, SUITE 201	
CITY-ST-ZIP	SAN ANTONIO TX 78209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHULTZ, GUILLERMO DR.	
STREET ADDRESS	6116 EXECUTIVE BLVD. SUITE 401	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TALAVERA, MARTHA	
STREET ADDRESS	2307 S DOUGLAS RD.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Signature]

Martha Talavera

04-27-04

305-448-7225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #