


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L70135 1. Entity Name TASTY CATERING INC.		
Principal Place of Business 4985 E 10 CT HIALEAH, FL 33013-1731 US		Mailing Address 4985 E. 10 CT. HIALEAH, FL 33013-1731 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARCIA, HAROLD 4985 E. 10 CT. HIALEAH, FL 33013-1731		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAROLD, GARCIA 4985 E 10 CT HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOTO, ELSA 4985 E 10 CT HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA, SHONDA 4985 E.10 CT HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA, HAROLD 4985 E.10 CT HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>SHONDA GARCIA</u> <u>2/27/06</u> <u>305-841-5187</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02272006 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0190333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000452287
03/01/06-80020-021 150.00

**DO NOT WRITE
IN THIS SPACE**