## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004609

Entity Name: C.A.T.C.H. 84, INC.

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

771 N PINE ISLAND RD #211 8551 WEST SUNRISE BLVD PLANTATION, FL 33324

SUITE 300

PLANTATION, FL 33322

**Current Mailing Address:** New Mailing Address:

2255 GLADES RD. 8551 WEST SUNRISE BLVD SUITE 300 SUITE 340W

BOCA RATON, FL 33431 PLANTATION, FL 33322

FEI Number: 20-2794984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREIT, RICHARD H

8551 WEST SUNRISE BLVD

STE 300

PLANTATION, FL 33322 US

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.

SIGNATURE: RICHARD H. BREIT 03/30/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition CHAMBERS, CHRITOPHER J CHAMBERS, CHRISTOPHER J Name: Name:

Address: PO BOX 231 Address: PO BOX 231 City-St-Zip: DAVIE, FL 33328 City-St-Zip: **DAVIE. FL 33328** 

Title: ( ) Delete Title: (X) Change ( ) Addition

WASHINTON, SHIRLEY Name: Name: WASHINGTON, SHIRLEY Address: 707 BAYBERRY ROAD Address: 707 BAYBERRY ROAD City-St-Zip: EDGEWOOD, MD 21040 City-St-Zip: EDGEWOOD, MD 21040

Title: () Delete Title: () Change () Addition

CHAMBERS, DANIEL Name: Name: 4156 RUPLE APT 3 Address: Address: City-St-Zip: SOUTH EUCLID, OH 44121 City-St-Zip:

( ) Delete Title: Title: () Change () Addition

Name: CHAMBERS, LINDA C Name: 2110 APPLE DRIVE Address: Address: City-St-Zip: ECLID, OH 44143 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. CHAMBERS D 03/30/2007