

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N06048
1. Entity Name
INDEPENDENT CATERERS ASSOCIATION, INC.

Principal Place of Business 4513 PALM AVE SUITE 4 HIALEAH, FL 33012 US	Mailing Address 4501 PALM AVE #104 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2468090	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ MARIO D.
4513 PALM AVE
HIALEAH, FL 33012

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000114504
04/15/04-80053-001 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD FRAGINALS, DAGOBERTO 5701 NW 117TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, ANGEL R 18101 N.W. 57TH AVE. CAROL CITY, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, RIGOBERTO 970 W. 32ND STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAZO, EMMA 630 EAST 8TH COURT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALS, HECTOL 5701 N.W. 117TH STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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]* Director 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #