


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90096 004 ****70.00

DOCUMENT # N06048 1. Entity Name INDEPENDENT CATERERS ASSOCIATION, INC.				40056597 	
Principal Place of Business 4513 PALM AVE SUITE 4 HIALEAH, FL 33012 US		Mailing Address 4501 PALM AVE #104 HIALEAH, FL 33012 US			
2. Principal Place of Business 4501 PALM AVE. Suite, Apt. #, etc. SUITE # 104		3. Mailing Address Suite, Apt. #, etc. 			
City & State HIALEAH, FL., 33012		City & State 			
Zip 		Country 		4. FEI Number 59-2468090	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ MARIO D. 4513 PALM AVE HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name MARIO D RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 4501 PALM AVE., STE.# 104 City HIALEAH FL 33012	
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 <u><i>Mario Rodriguez</i></u> DATE <u>04/11/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD FRAGINALS, DAGOBERTO 5701 NW 117TH STREET HIALEAH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, ANGEL R 18101 N.W. 57TH AVE. CAROL CITY, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, RIGOBERTO 970 W. 32ND STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAZO, EMMA 630 EAST 8TH COURT HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALS, HECTOL 5701 N.W. 117TH STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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: <u><i>DagoBERTO FRASINAL</i></u> DATE <u>04/11/05</u> (305) <u>557-0962</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					