


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N06048 1. Entity Name INDEPENDENT CATERERS ASSOCIATION, INC.	
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Principal Place of Business 4501 PALM AVE SUITE 104 HIALEAH, FL 33012 US	Mailing Address 4501 PALM AVE #104 HIALEAH, FL 33012 US
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03042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2468090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ MARIO D. 4501 PALM AVE STE 104 HIALEAH, FL 33012

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	S DIAZ, RIGOBERTO 970 W. 32ND STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, MARIO D 4501 PALM AVE, STE 104 HIALEAH, FL 33012
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	

05/27/08-80072-010 61.25

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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 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: *Mario Rodriguez* **Mario Rodriguez** 4/28/08 (305) 557-0962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #