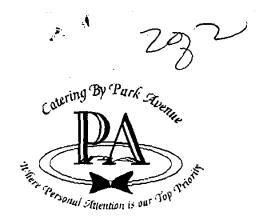
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

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DIVISION OF CORPORATIONS **DOCUMENT # P00000105341** 04 OCT 15 AM 8: 00 CATERING SOLUTIONS, INC. Principal Place of Business Mailing Address 2151 RIVERSIDE DR. 2151 RIVERSIDE DR. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1061026 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name WOLF, MICHAEL H ESQ Street Address (P.O. Box Number is Not Acceptable) 1876 N. UNIVERSITY DR., #300 PLANTATION FL 33322 City Zip Code 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 Signature; typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change mue ☐ Delete TITLE Addition NAME GUDMUNOSSON, EYJO NAME 7601 EAST COUNTRY CLUB BLVD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition LEFKOWITZ, MURRAY NAME 7601 EAST COUNTRY CLUB BLVD STREET ADDRESS STREET ADORESS CITY - ST - 7IP **BOCA RATON FL 33487** CITY-ST-ZIP Change ☐ Addition TITLE □ Detete TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this firing 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 scorpate 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. 17

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Division Of Corporations P.O. Box 6327 Tallahassee, Fla. 32314

Subject: P00000105341 Catering Solutions, Inc.

October 21, 2004

Dear Sirs:

Please be advised we, Catering Solutions, Inc., did not receive prior notice of the Annual Report/Uniform Business Report. We sent payment on 7-26-04, check # 4104 in the amount of \$150. We received a notice Aug 3, 2004, that the report was late. We called one of your representatives by the name of Kathy, on Aug 6, 2004. Kathy advised that we did not check the waiver box. After checking with her supervisor told us she would correct the forms for filing.

Please check the appropriate waiver box in our behalf and file for the above corporation.

Please fax confirmation that we are now filed for the year 2004. We appreciate your assistance in this matter.

Best Regards, Catering Solutions

Murray Defleowitz
Corporate Officer