
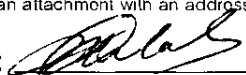


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90036 019 \*\*\*150.00

<b>DOCUMENT # P00000113612</b> 1. Entity Name <b>KATAY CORP.</b>					
Principal Place of Business <b>105 HIBISCUS POMPAÑO BEACH FL 33062</b>			Mailing Address <b>105 HIBISCUS POMPAÑO BEACH FL 33062</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1072018</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BELAL, GOLAM 105 HIBISCUS POMPAÑO BEACH FL 33062</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BELAL, GOLAM</b>		NAME		
STREET ADDRESS	<b>105 HIBISCUS AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH FL 33062</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOHOSIN, MOHAMMAD</b>		NAME		
STREET ADDRESS	<b>1120 NE 9TH AVE., APT. #29</b>		STREET ADDRESS	<b>1120 NE 9TH AVE., APT #37</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>		CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33304</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KHORSHED ALAM, MOHAMMED</b>		NAME		
STREET ADDRESS	<b>1120 NE 9TH AVE., APT. #29</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.					
<b>SIGNATURE:</b>  <b>GOLAM BELAL PRES</b>			<b>1-21-07</b> <b>954-785-9016</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day: 1-21-07 Phone #: 954-785-9016</small>		