

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000113612

1. Entity Name

KATAY CORP.



Principal Place of Business

105 HIBISCUS
POMPANO BEACH FL 33062

Mailing Address

105 HIBISCUS
POMPANO BEACH FL 33062



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1072018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELAL, GOLAM
105 HIBISCUS
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent and title, if applicable.

(NOTE: Registered Agent signature required when requested)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELAL, GOLAM
STREET ADDRESS 105 HIBISCUS AVE.
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VPD
NAME MOHOSIN, MOHAMMAD
STREET ADDRESS 1120 NE 9TH AVE. APT. 37
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE SD
NAME KHORSHED ALAM, MOHAMMED
STREET ADDRESS 1120 NE 9TH AVE., APT.#29
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

GOLAM BELAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08

954-785-9016