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May 27, 2005 8:00 am
Secretary of State
05-02-2005 90421 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059080

1. Entity Name
THE KATZ COMPANY

66019793

04212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
15210 AMBERLY DR, APT 1121 TAMPA, FL 33647	15210 AMBERLY DR, APT 1121 TAMPA, FL 33647
2. Principal Place of Business: 30841 Whitlock Dr Suite, Apt. #, etc.	3. Mailing Address: 30841 Whitlock Dr Suite, Apt. #, etc.
City & State: Wesley Chapel, FL Zip: 33543 Country: USA	City & State: Wesley Chapel, FL Zip: 33543 Country: USA

4. FEI Number: 59-3727125 ☐ 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
KATZ, BARBARA 15210 AMBERLY DR, APT 1121 TAMPA, FL 33647	Name: James R Kist, CPA, PA Street Address (P.O. Box Number is Not Acceptable): 5301 Technology Dr City: Tampa FL Zip Code: 33647

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] CPA James R Kist, CPA DATE: 4-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, BARBARA 15210 AMBERLY DR APT 1121 TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 30841 Whitlock Dr Wesley Chapel, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Barbara A Katz 5-23-05 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #