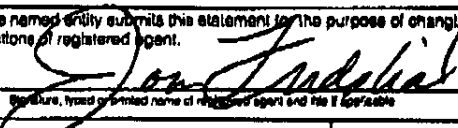
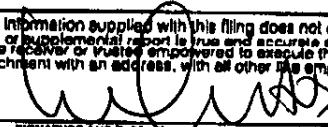


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90241 021 ***150.00

DOCUMENT # P01000062453			
1. Entity Name FAST CATS CATERING INC.			
Principal Place of Business 1300 HENDRY STREET FORT MYERS, FL 33901		Mailing Address 1300 HENDRY STREET FORT MYERS, FL 33901	
3. Principal Place of Business 1635 N. Bayshore Dr. Suite, Apt. #, etc.		3. Mailing Address 1635 N. Bayshore Dr. Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33132	Country Miami-Dade	Zip 33132	Country Miami-Dade
6. Name and Address of Current Registered Agent FRIDSHAL, JOAN WESTLAND CONSULTING 220 NORTH TUTTLE AVENUE SUITE B SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Joan Fridshal Street Address (P.O. Box Number is Not Acceptable) 1219 E. Avenue South, Suite 104 City Sarasota FL Zip Code 34239	
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 		JOAN FRIDSHAL 4/22/04 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 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	D ANDERSON, SHARON 560 SPINNAKER LANE LONG BOAT KEY, FL 34226 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mark Antos 1635 N. Bayshore Dr. Miami, FL 33132 ☐ Change ☒ Add on
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 persons empowered.			
SIGNATURE: 		4/23/04 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	