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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90241 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000062453

1. Entity Name
FAST CATS CATERING INC.

Principal Place of Business	Mailing Address
1300 HENDRY STREET FORT MYERS, FL 33901	1300 HENDRY STREET FORT MYERS, FL 33901

14022130

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1635 N. Bayshore Dr.	1635 N. Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33132 Country: Miami-Dade	Zip: 33132 Country: Miami-Dade

4. FEI Number 59-3738693 ☐ 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
FRIDSHAL, JOAN WESTLAND CONSULTING 220 NORTH TUTTLE AVENUE SUITE B SARASOTA, FL 34237	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: [signature] Joan Fridshal 4/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mark Antos 1635 N. Bayshore Dr. Miami, FL 33132	☐ 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: [signature] 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #