

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 019 ***150.00

DOCUMENT # P01000076230

1. Entity Name
CATHAY, INC.



Principal Place of Business
**13701 NW 4TH ST
309-C
PEMBROKE PINES, FL 33028**

Mailing Address
**13701 NW 4TH ST
309-C
PEMBROKE PINES, FL 33028**

2. Principal Place of Business
4207 NW 107 Avenue
Suite, Apt. #, etc.

3. Mailing Address
4207 NW 107 Avenue
Suite, Apt. #, etc.



01132004 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip
33178 Country
USA

City & State
Miami, FL
Zip
33178 Country
USA

4. FEI Number
65-1125732 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESPINOZA, ROBERTO
13701 NW 4TH ST
309-C
PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent

Name **Esposito Roberto**
Street Address (P.O. Box Number is Not Acceptable)
5278 NW 114 Avenue # 103
City **Miami** FL Zip Code
33178

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 **Roberto Espinoza**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/13/04
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
ESPINOZA, ROBERTO
13701 NW 4TH ST #309-C
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RODRIGUEZ, JENNIFER
13701 NW 4TH ST #309-C
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: **Roberto Espinoza**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/04
Date

(305) 5990113
Daytime Phone #