

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2009
Secretary of State**

DOCUMENT# P01000108122

Entity Name: KATAY #1, INC.

Current Principal Place of Business:

1100 NW 9TH AVE
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

105 HIBISCUS AV
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-1153334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELAL, GOLAM
105 HIBISCUS AVE
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BELAL, GOLAM
Address: 924 NE 14TH PL
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: BELAL, JAMILA
Address: 924 NE 14TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: BELAL, ADIL
Address: 924 NE 14TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOLAM BELAL

PD

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date