

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90122 030 \*\*\*155.00

<b>DOCUMENT # P01000115197</b>					
<b>1. Entity Name</b> THREE SISTERS CATERING CORPORATION					
<b>Principal Place of Business</b> 17229 NW 73 AVE MIAMI, FL 33015			<b>Mailing Address</b> 17229 NW 73 AVE MIAMI, FL 33015		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 5810 SW 112 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State miami FL			
Zip	Country	Zip 33173	Country	<b>4. FEI Number</b> 01-0638014	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, MARISOL 17229 NW 73 AVE MIAMI, FL 33015			<b>7. Name and Address of New Registered Agent</b> Name: Marilyn Ramos-Fernandez Street Address (P.O. Box Number is Not Acceptable): 5810 SW 112 CT City: miami FL Zip Code: 33173		
<b>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.</b> SIGNATURE: Marilyn R. Fernandez <i>M. Fernandez</i> 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MARISOL 17229 NW 73 AVE MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD marilyn fernandez 5810 SW 112 CT miami FL 33173	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, MARILYN 9107 NW 176 LN MIAMI, FL 33018	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD mario fernandez 5810 SW 112 CT miami FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEMENDIA, JOSE 10452 SW 48 STREET MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> Marilyn R. Fernandez <i>M. Fernandez</i> 4-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04302004 Chg-P CR2E034 (10/03)