

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039179

Entity Name: ADAMS CATERING, INC.

FILED
Aug 14, 2006
Secretary of State

Current Principal Place of Business:

14080 NW 22ND AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

3465 NW 176 TERR
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 04-3647552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JANE Y
3465 NW 176 TERR
OPA LOCKA, FL 33056 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ADAMS, LAFAYETTE
Address: 3465 NW 176 TERR
City-St-Zip: OPA LOCKA, FL 33056

Title: DP () Delete
Name: ADAMS, JANE
Address: 3465 NW 176 TERR
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LAFAYETTE ADAMS SR.

MR

08/14/2006

Electronic Signature of Signing Officer or Director

_____ Date