
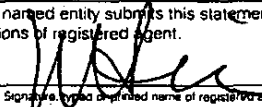
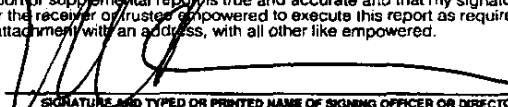


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

05-10-2004 90470 002 ***150.00

DOCUMENT # P02000048723 1. Entity Name KATYCO, INC.					
Principal Place of Business 14305 S.W. 99 COURT MIAMI FL 33176			Mailing Address 14305 S.W. 99 COURT MIAMI FL 33176		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANDALL L. SIDLOSCA, P.A. 999 PONCE DE LEON BLVD. 550 CORAL GABLES FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 2/2/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SIDLOSCA, RANDALL L 14305 S.W. 99 COURT MIAMI FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIDLOSCA, MARIA M 14305 S.W. 99 COURT MIAMI FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEDIAVILLA, GUILLERMO 1540 S.W. 23 STREET MIAMI FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDIAVILLA, ESTRELLA 1540 S.W. 23 STREET MIAMI FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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 reports 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:  DATE 6/17/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

KATYCO, INC.

66428677

14305 S.W. 99 COURT
MIAMI, FLORIDA 33176
(305) 567-0024
(305) 567-0748

June 18, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

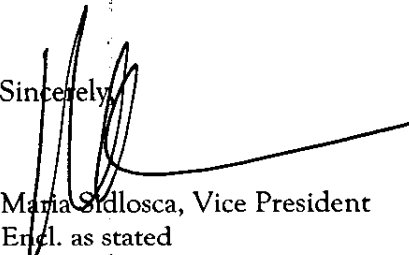
Re: Katyco, Inc.
Ref. No: P02000048723

Dear Sir/Madam:

Pursuant to your notification dated May 19, 2004, enclosed please find the corrected Annual Report with the Federal Identification Number, 34-1999832, and signed by myself, as Vice President, an officer of the corporation.

Thank you for your assistance in this matter.

Sincerely,


Maria Sidlosca, Vice President
Encl. as stated

999 PONCE DE LEON BLVD., SUITE 550
CORAL GABLES, FL 33134
TEL. 305-567-0024 FAX 305-567-0748