

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 016 ***150.00

DOCUMENT # P02000080280 1. Entity Name CATTOIRA MONTESSORI INC.					
Principal Place of Business 9385 SW 79TH AVE MIAMI, FL 33156			Mailing Address 5795 SW 153 CT MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # 9385 SW 79 Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL		City & State Suite, Apt. #, etc.			
Zip 33156		Country USA		4. FEI Number 30-0112150	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CATOIRA, DENISE 9385 SW 79TH AVE MIAMI, FL 33156			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 <u>Denise Catona</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP CATOIRA, DENISE 2333 BRICKELL AVE 2814 MIAMI, FL 33129	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARMOL, LORENA 5795 SW 153 CT MIAMI, FL 33193	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Catoira Lorena 5795 SW 153 CT Miami, FL 33193	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Catoira Lorena 5795 SW 153 CT Miami, FL 33193	☐ Change ☐ Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Denise Catona</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/5/08 305-274-6509 Date Daytime Phone #		