2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

1809 PONCE DE LEON BLVD

CORAL GABLES FL 33134 3496 M.M. 754

DOCUMENT # P02000093001

Principal Place of Business

1809 PONCE DE LEON BLVD

CATANZARO REAL ESTATE INC.



FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90250 039 ***150.00

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CORAL GABLES Ft 33134 3496 M. 755 M. AMI, FL. 33125 Minmi, FL. 33125 3. Mailing Address 3496 N.W. 757. 2. Principal Place of Business 3496 N.Wr Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 38-3658006 MIAM. Mian. Not Applicable Zip 33/25 Country Country \$8.75 Additional 5. Certificate of Status Desired 33125 DADE DADS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRO, MANUEL JR. Street Address (P.O. Box Number is Not Acceptable) 4960 SW 72ND AVENUE, SUITE 304 MIAMI FL 33155 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE D,P Delete TITLE Change Change ☐ Addition CATANZARO, TONE 3496 N.W. 7 ST NAME CATANZARO, TONY NAME STREET ADDRESS 1809 PONCE DE LEON BLVD STREET ADDRESS CITY-ST-ZIP miami, FL 33125 **MIAMI FL 33134** CITY-ST-ZIP S,T Change ☐ Addition ☐ Delete TITLE CATALZARO, MARA 3496 N.W. 75T CATANZARO, MARA NAME NAME STREET ADDRESS 1809 PONCE DE LEON BLVD STREET ADDRESS MIAMI, EL 33/25 MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TOTAL TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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.

SIGNATURE:

TONY CATANZARO

305 442.4840