FILED Anr 06. 2006 08:00 AM

ANNUAL REPORT					Secretary of State			
	MENT # P03000000	165				<i>J</i>		
1. Entity-Nam CATAMO	PUNT, INC.	<u>.</u>						
Principal Plac	e of Business	Mailing Address						
12765 FOREST HILL BLVD SUITE 1302 12765 FOREST HILL BLVD S WELLINGTON, FL 33414 WELLINGTON, FL 33414			UITE 1302	/ 1800/1800 111 mag	· • • • • • • • • • • • • • • • • • • •	enin başılı aşıol həfə	Pirke whise but in 1446.	
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*	The second secon			5. Certificate of		\$8.75	Additional	
Stand of the same of	6. Name and Address of Current	Registered Agent		a. Continuation	safer William	Fee Re	quired	
		regionaled Agent		an wandaning kata	The state of the s		THE STATE OF THE S	
	MARIO G. DE MENDOZA, III, PA 12765 FOREST HILL BLVD SUITE 1302			DO N	IOT WE	RITE		
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* The above	named entity submits this statement to	r the purpose of chenging its registr	areticos or register	ad ecept or both	m the State of Flori	da lamitar	with and accept	
	tions of registered agent.	i nie borbose or crianismis wa region	ered dilica di tegisteri	od agent, or both,	in the state of from	da ramiama	mini, en la sociale	
SIGNATURE.								
	Signature, typed or printed name of registered agent	end one it applicable. (NOTE: Registr	ered Agent signature required	when reinstating)	<u> </u>	DATE		
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	S. Election Campaign Fin Trust Fund Contribution		00 May Be ed to Fees	04/2 0/ 05 33 / 05\40	0493731 -80017-00	17 150.00	
10.	OFFICERS AND	DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD SUIT WELLINGTON, FL 33414	E 1302	روز المستقدم المستم المستقدم المستود المستود المستقدم المستقدم المستقدم المستقدم ال	The second secon				
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2. I hereby certify that the information supplied with this filling does not quality 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 cath; 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 eddress: with air-other like empowered.

SIGNATURE: SIGNATURE PROTECTION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Scott Devon, Pres.

14-4-06

Destine Phone #