

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 032 ***158.75

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02062006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000019986 1. Entity Name TUTTO CATERING, INC.					
Principal Place of Business 17041 PINES BLVD HOLLYWOOD, FL 33027			Mailing Address 17041 PINES BLVD HOLLYWOOD, FL 33027		
2. Principal Place of Business 8200 W. 33rd Ave Suite, Apt. #, etc. Suite # 16		3. Mailing Address 4371 SW 160th Ave Suite, Apt. #, etc. Suite # 207			
City & State Hialeah Gardens, FL		City & State Miramar, FL		4. FEI Number 59-3766535	
Zip 33018		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NARVAEZ, ADRIANA 1255 WEST 46 STREET SUITE #20 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Ricardo Villasmil Street Address (P.O. Box Number is Not Acceptable) 4371 SW 160th Avenue Suite # 207 City Miramar FL Zip Code 33027		
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: RICARDO VILLASMIL PD. 4/20/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NARVAEZ, ADRIANA 1255 WEST 46 STREET SUITE #20 HIALEAH, FL 33012	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTINO, RUBEN 1255 WEST 46 STREET SUITE #20 HIALEAH, FL 33012	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VILLASMIL, RICARDO 1255 WEST 46 STREET SUITE #20 HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: RICARDO VILLASMIL PD 4/20/06 (954) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

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