2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90034 039 ***150.00

DOCUMENT # P03000022643

1. Entity Name
KATINAS, INC.

400423330

Principal Place of Business	Mailing Address
3911 U.S. HIGHWAY 301 NORTH ELLENTON, FL 34222	~~3911 U.S. HIGHWAY 301 NORTH~~ ~~ELLENTON, FL 34222~~

03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		815 8th AVE W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PALMetto	
Zip	Country	Zip: 34221	Country: MANAtee

4. FEI Number: 13-4238415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERES, KALLIOPI E 815 8TH AVENUE WEST PALMETTO, FL 34221	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 ______________________________
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, 2005 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMERES, KALLIOPI E ~~210 3RD ST WEST #7101~~ ~~BRADENTON, FL 34205~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 520 RIVERSIDE DRIVE PALMetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMERES, EMMANUEL ~~210 3RD ST WEST #7101~~ ~~BRADENTON, FL 34205~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 520 RIVERSIDE DRIVE PALMetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Kalliopi Ameres 3/23/05 941-721-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #