

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-19-2004 90027 010 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000023153 1. Entity Name CATCHING WITH MY INLAWS, INC.					
Principal Place of Business 2261 SW 23RD TERRACE- MIAMI FL 33145			Mailing Address 2261 SW 23RD TERRACE MIAMI FL 33145		
2. Principal Place of Business 2261 S.W. 23rd Terr. Suite, Apt. #, etc.		3. Mailing Address 2261 S.W. 23rd Terr. Suite, Apt. #, etc.			
City & State Miami, FL Zip 33145		City & State Miami, FL Zip 33145		4. FEI Number 56-2320462	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRERO, MARISOL 2261 SW 23RD TERRACE MIAMI FL 33145				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MARRERO, ELIESER 10230 SW 64TH ST MIAMI FL 33173		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORERA, MARIA DEL C 2261 SW 23RD TERRACE MIAMI FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORERA, ANGEL F 2261 SW 23RD TERRACE MIAMI FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARRERO, MARISOL 10230 SW 64TH ST MIAMI FL 33173		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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: <u>Maria Morera - Vice President</u> 2-15-04 856-2467 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					