## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P03000069933** 03-02-2006 90013 044 \*\*\*150.00 1. Entity Name JOSELIN & CATALINA, CORPORATION Principal Place of Business Mailing Address 40022801 3549 HUNTINGTON PLACE 3549 HUNTINGTON PLACE SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address 3602 165t W Suite, Apt. #, etc. 6176 15th st CR2E034 (11/05) 02132006 Chg-P Applied For City & State City & State 4. FEI Number Bradentan Bradenton 56-2377842 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 34.ZO.S Fee Required 7. Name and Address of New Registered Agent - - - 6. Name and Address of Current Registered Agent Uribe. URIBE, CATALINA Street Address (P.O. Box Number is Not Acceptable) 3549 HUNTINGTON PLACE SARASOTA, FL 34237 3602 16st W 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. 02-73-06 SIGNATURE t and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD PD **☑** Change TITLE ☐ Delete TITI F ☐ Addition Uribe Catalina 3602 16 5t W URIBE, CATALINA NAME NAME 3602 16 st Bradenton STREET ADDRESS 3549 HUNTINGTON PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34237 ☐ Delete ☐ Addition TITI F TITLE Preswood Joselin 3602 16st W PRESWOOD, JOSELIN NAME NAME STREET ADDRESS 3549 HUNTINGTON PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITL F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 02-13-06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 2006 8:00 am