

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016471

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: SIGNATURE EVENTS CATERING CO.

## Current Principal Place of Business:

4630 S KIRKMAN RD #143  
ORLANDO, FL 32811

## New Principal Place of Business:

## Current Mailing Address:

4630 S KIRKMAN RD #143  
ORLANDO, FL 32811

## New Mailing Address:

FEI Number: 20-0621963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERCILLE, THOMAS  
1026 MAIDEN TERRACE  
KISSIMMEE, FL 34747 US

## Name and Address of New Registered Agent:

MERCILLE, THOMAS  
619 NADINA PLACE  
KISSIMMEE, FL 34747 US

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.

SIGNATURE: THOMAS MERCILLE

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MERCILLE, THOMAS  
Address: 1026 MAIDEN TERRACE  
City-St-Zip: KISSIMMEE, FL 34747

Title: V ( ) Delete  
Name: URENA, RAMON A  
Address: 5349 TORTUGA DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete  
Name: BARRIOS, MIGUEL A  
Address: 2418 BAY DR  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MERCILLE

PT

04/13/2005

Electronic Signature of Signing Officer or Director

Date