2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 21, 2008 8:00 am Secretary of State **DOCUMENT # P04000016799** 02-21-2008 90026 026 ***150.00 1. Entity Name DIANA S. CATALA, P.A. Principal Place of Business Mailing Address 1402 ROYAL PALM BCH BLVD 1402 ROYAL PALM BCH BLVD SUITE # 102 SUITE # 102 ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0140302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CATALA, DIANA S DO NOT WRITE 13889 WELLINGTON TRACE SUITE A-2 IN THIS SPACE WELLINGTON, FL 33414 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITEF NAME CATALA, DIANA S STREET ADDRESS 139 SEAGULL COURT ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 received for 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 S. CATALA

~ PRE5:DENT .

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20-08

Date

FILED