

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000020451

Entity Name
DE CATAN, INC



Principal Place of Business
**6538 COLLINS AVE
MIAMI BEACH, FL 33141**

Mailing Address
**6538 COLLINS AVE
261
MIAMI BEACH, FL 33141**

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2127392	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CATAN, ROE C
6538 COLLINS AVE
MIAMI BEACH, FL 33141**

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IN THIS SPACE**

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 this if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000397840
01/30/06-80064-016 150.00**

OFFICERS AND DIRECTORS

NAME	P CATAN, ROE C
STREET ADDRESS	6538 COLLINS AVE # 261
CITY-STATE-ZIP	MIAMI BEACH, FL 33141
NAME	SEC CATAN, ROE C
STREET ADDRESS	6538 COLLINS AVE #261
CITY-STATE-ZIP	MIAMI BEACH, FL 33141
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #