2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056074

FILED Mar 06, 2008 Secretary of State

Entity Name: JOINTCATER USA, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
782 NW 42ND AVENUE SUITE 629 MIAMI, FL 33126				276 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
782 NW 42ND AVENUE SUITE 629 MIAMI, FL 33126			276 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			
FEI Number:	20-0944802	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
COLLADO & ASSOCIATES, TAX ACCOUNTANTS, P.A 782 NW 42ND AVENUE SUITE 629 MIAMI, FL 33126 US The above named entity submits this statement for the purpose of changing its registered effice or registered egent, or both						
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: Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D SOOD, RANJIT 782 NW 42ND AV MIAMI, FL 33126	ENUE SUITE 629		Title: Name: Address: City-St-Zip:	D (X) SOOD, RANJIT 276 ALHAMBRA CORAL GABLE	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	MULLICK, SAPI	KEY DRIVE APT 2105
Title: Name: Address: City-St-Zip:	()D	elete		Title: Name: Address: City-St-Zip:	D () SOOD, RAJAT 276 ALHAMBRA CORAL GABLE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RANJIT SOOD D 03/06/2008