


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State


04-04-2007 90180 023 ***150.00

DOCUMENT # P04000069849	
1. Entity Name R S CATERING, INC.	

Principal Place of Business 5735 S. O.B.T. ORLANDO, FL 32839	Mailing Address 5735 S. O.B.T. ORLANDO, FL 32839
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2. Principal Place of Business - No P.O. Box # 11765 S.O.B.T.	3. Mailing Address 11765 S.O.B.T.
Suite, Apt. #, etc. STE E	Suite, Apt. #, etc. STE E
City & State Orlando, FL	City & State Orlando, FL
Zip 32837	Country Orange

40000104



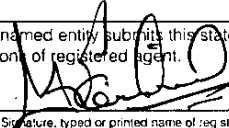
04022007 Chg-P CR2E034 (12/06)

4. FEI Number 05-0603511	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PATEL, NATAVARBHAI D 5735 S. O.B.T. ORLANDO, FL 32839	7. Name and Address of New Registered Agent Name Patel Natavarbhai D. Street Address (P.O. Box Number is Not Acceptable) 10357 Crystal Point Dr. City Orlando FL Zip Code 32825
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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 obligation of registered agent.

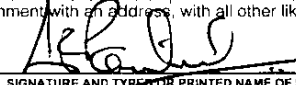
SIGNATURE  DATE **4/2/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATEL, NATAVARBHAI D 5735 S. O.B.T. ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Patel, Natavarbhai D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10357 crystal point Dr. Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATEL, VANITABEN N 5735 S. O.B.T. ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Patel, Vanitaben N <input type="checkbox"/> Change <input type="checkbox"/> Addition 10357 crystal point Dr. Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Hansaben B Patel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1905 cross Hair cir. Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  DATE **4/2/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR