


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90023 007 \*\*\*150.00

<b>DOCUMENT # P04000080005</b>	
1. Entity Name <b>CATERING CONCEPTS CORPORATION, INC.</b>	

Principal Place of Business <b>950 S. PINE ISLAND RD. SUITE A-150-129 PLANTATION, FL 33324 US</b>	Mailing Address <b>950 S. PINE ISLAND RD. SUITE A-150-129 PLANTATION, FL 33324 US</b>
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40012667



2. Principal Place of Business - No P.O. Box # <b>11880 W. St. Rd. 84</b>	3. Mailing Address <b>11880 W. St. Rd. 84</b>
Suite, Apt. #, etc. <b>D-11</b>	Suite, Apt. #, etc. <b>D-11</b>
City & State <b>DAVIE, FL</b>	City & State <b>DAVIE, FL</b>
Zip <b>33325</b>	Country <b>US</b>

02022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0816320</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HURST, HOWARD H 950 S. PINE ISLAND RD. SUITE A-150-129 PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name <b>Howard H. Hurst</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>11880 W. St. Rd. 84</b>	
<b>Suite D-11</b>	
City <b>DAVIE</b>	FL Zip Code <b>33325</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES MURIEN, SHARON 950 S. PINE ISLAND RD., SUITE A-150-129 PLANTATION, FL 33324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR HURST, HOWARD H 950 S. PINE ISLAND RD., SUITE A-150-129 PLANTATION, FL 33324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11880 W. St. Rd. 84 Ste. D-11 DAVIE, FL 33325</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11880 W. St. Rd. 84, Ste. D-11 DAVIE, FL 33325</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**  **2/1/07 (954) 475-4083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #