FROM : FAX NO. : 5164317077

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90247 044 ***155.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134812

1. Entity Name
OLYMPIA CATERING, CORP.

Principal Place of Business
1218 OLIVE TREE CIR.
W. PALM BCH, FL 33413

Mailing Address
1218 OLIVE TREE CIR.
W. PALM BCH, FL 33413

03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 3117 Hartridge Terrace
Suite, Apt. #, etc.
City & State: Wellington, Fl
Zip: 33414 Country: USA

3. Mailing Address: 3117 Hartridge Terrace
Suite, Apt. #, etc.
City & State: Wellington, Fl
Zip: 33414 Country: USA

4. FEI Number: 32-0127302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSCARELLI, FRANCESCO
1218 OLIVE TREE CIR.
W. PALM BCH, FL 33413

7. Name and Address of New Registered Agent

Name: Francesco Moscarelli
Street Address (P.O. Box Number is Not Acceptable): 3117 Hartridge Terrace
City: Wellington FL Zip Code: 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: ____________ 3/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSCARELLI, FRANCESCO 1218 OLIVE TREE CIR. W. PALM BCH, FL 33413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3117 Hartridge Terrace Wellington, FL 33414 ☒ Change ☐ Addition
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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: ____________ 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #