

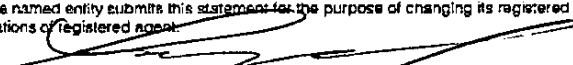
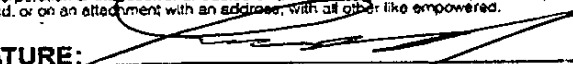
FROM :

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	
2. Principal Place of Business 3117 Hartridge Terrace Suite, Apt. #, etc.		3. Mailing Address 3117 Hartridge Terrace Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414 Country USA		City & State Wellington, FL Zip 33414 Country USA	
4. FFI 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 MOSCARRELLI, 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 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 		DATE 3/20/06	
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 MOSCARRELLI, FRANCESCO ☐ Delete 1218 OLIVE TREE CIR. W. PALM BCH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3117 Hartridge Terrace Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 addressee, with all other like empowered.			
SIGNATURE: 		DATE: 3/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	