

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000000906

Entity Name: ELITE EVENTS CATERING, INC.

**FILED**  
**May 02, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

4101 W CYPRESS ST  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2010 E. PALM AVE. #14208  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 02-1926642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MISGEN, MELISSA A MS  
2010 E. PALM AVE. #14208  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MISGEN, MELISSA A MS  
Address: 2010 E. PALM AVE. #14208  
City-St-Zip: TAMPA, FL 33605

Title: VP (X) Delete  
Name: LEUZE, ARMIN MR  
Address: 4001 W. CYPRESS ST.  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA MISGEN

MS

05/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date