## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 02, 2007 08:00 AM **DOCUMENT # P05000016958 Secretary of State** 1. Entity Name HG.CATS3, INC. Mailing Address Principal Place of Business 1733 OVERSEAS HIGHWAY 1733 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 01192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2263990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FRE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SCHISSLER, MARIJA 1733 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 TITLE VSD U00000617468 KEAN, CHARLES E MAME 02/07/07-8007G-010 150.00 STREET ADDRESS 1733 OVERSEAS HIGHWAY MARATHON, FL 33050 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

CHISSLER

TRESIDENT 1-30-07 305-743-20