

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063675

FILED
Aug 25, 2008
Secretary of State

Entity Name: CATERING, RESTAURANTS & HOTELS OF AMERICA, INC.

Current Principal Place of Business:

6650 NW 57 ST
TAMARAC, FL 33319 US

New Principal Place of Business:

8441 FOREST HILLS DR STE 204
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

6650 NW 57 ST
TAMARAC, FL 33319 US

New Mailing Address:

8441 FOREST HILLS DR STE 204
CORAL SPRINGS, FL 33065 US

FEI Number: 20-4839948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLALBA, PABLO A
6650 NW 57 ST
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

VILLALBA, PABLO A
8441 FOREST HILLS DR STE 204
CORAL SPRINGS, FL 33065 US

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: PABLO A VILLALBA

08/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLALBA, PABLO A
Address: 6650 NW 57 ST
City-St-Zip: TAMARAC, FL 33319 US

Title: V (X) Delete
Name: ESTEBAN, GINA P
Address: 6650 NW 57 ST
City-St-Zip: TAMARAC, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VILLALBA, PABLO A
Address: 8441 FOREST HILLS DR STE 204
City-St-Zip: CORAL SPRINGS, FL 33065 US

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

I hereby certify that the information supplied with this filing does not qualify 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: PABLO A VILLALBA

P

08/25/2008

Electronic Signature of Signing Officer or Director

Date