2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # P07000023088** 1. Entity Name 04-24-2008 90095 038 ***150.00 DM CATERING CORP. Principal Place of Business Mailing Address P.O. BOX 43-1133 7631 S.W. 64TH COURT MIAMI, FL 33143 MIAMI, FL 33243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04212008 Chg-P CR2E034 (12/06) Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUZARRAGA, JORGE Street Address (P.O. Box Number is Not Acceptable) 7631 S.W. 64TH COURT MIAMI, FL 33143 Zip Code 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 primed harre of registered agere and like if applicable. (NOTE: Registered Ageni explainte required when revesting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TELE TILE Addition Delete LUZARRAGA, JORGE MAME NAME STREET ADDRESS 7631 S.W. 64TH COURT STREET ADDRESS CETY-ST-78P MIAMI, FL 33143 DITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE MAME LUZARRAGA, SILVIA A 7631 S.W. 64TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY- ST-ZIP Delete ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CIEY ST-7IP CITY-ST ZIP Dekete Addition TITLE Change TITLE NAVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OTTY-ST-ZIP ☐ Delete ☐ Change Addition TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST 7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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 adoption, with all other like empowered.