

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030594

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** CATERED AUTO TRANSPORT SERVICES, INC.

**Current Principal Place of Business:**

4381 N. DIXIE HWY  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4381 N. DIXIE HWY  
POMPANO BEACH, FL 33064

**New Mailing Address:**

4381 N DIXIE HWY  
POMPANO BEACH, FL 33064

**FEI Number:** 80-0583364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OGNENOVIC, ROZA  
4381 N. DIXIE HWY  
POMPANO BEACH, FL 33064 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: P  
Name: OGNEOVIC, ROZA  
Address: 4381 N. DIXIE HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP  
Name: OGNENOVIC, ROZA  
Address: 4381 N. DIXIE HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: CEO  
Name: OGNENOVIC, ROZA  
Address: 4381 N. DIXIE HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: REP  
Name: MITRESKI, LUBE  
Address: 4381 N. DIXIE HWY  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: ROZA OGNENOVIC

P

04/30/2012

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

\_\_\_\_\_  
Date