## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P11000088679 12 JUL 23 AM 9: 18 1. Entity Name FELIX THE CAT INC. #1 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 378 RIVER BLUFF LANE 378 RIVER BLUFF LANE ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/11) 05152012 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMOS, FELIX J JR Street Address (P.O. Box Number is Not Acceptable) 378 RIVER BLUFF LANE ROYAL PALM BEACH, FL 33411 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE TITLE RAMOS, FELIX J JR NAME 800237752428 07/23/12--01052--001 \*\*15 NAME STREET ADDRESS 378 RIVER BLUFF LANE STREET ADDRESS \*\*150.00 ROYAL PALM BEACH, FL 33411 CITY- ST- ZIP CITY- ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET HOUNESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY: ST- ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUL 2 3 7017 - Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS S. PRATHER CITY-ST-ZIP CITY- ST- ZIP 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. SIGNATURE