

# FOR PROFIT CORPORATION ANNUAL REPORT


For Office Use Only

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FILED

11 MAY 17 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 092000004425	
1. Entity Name P. MICHAEL CATANIA ENTERPRISES, INC.	

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2. Principal Place of Business - No P.O. Box # 2456 SE 10th ST.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State POMPANO BEACH, F.L.	City & State
Zip 33062	Country BROWARD

4. FEI Number 65-0382243	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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## 7. Name and Address of Current Registered Agent

Name PETER M. CATANIA III

Street Address (P.O. Box Number is Not Acceptable)  
2456 SE 10th ST

City POMPANO BEACH FL Zip Code 33062

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 obligation of registered agent.

SIGNATURE 

DATE 5/12/11

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

E-mail Address:

bocapmc@bellsouth.NET  
E-mail address to be used for future annual report notices.

## 10. OFFICERS AND DIRECTORS

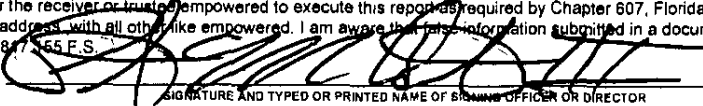
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. PETER M. CATANIA III 2456 SE 10th ST. POMPANO BEACH, FL 33062
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05/06/11-01037-007 \*\*150.00

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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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.66 F.S.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/12/11

Daytime Phone #

claw