

**FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # **992000004425**

1. Entity Name

P. MICHAEL CATANIA ENTERPRISES, INC.



For Office Use Only

DO NOT WRITE IN THIS SPACE
FILED

11 MAY 17 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

2456 SE 10TH ST.

Suite, Apt. #, etc.

3. Mailing Address

Same

City & State

POMPANO BEACH, FL.

Zip

33062

Country

BROWARD

Zip

Country

4. FEI Number

65-0382243

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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

DATE

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-qualifying)

January 1 - May 1 Fee is \$160.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. **\$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 **PRES.**
NAME **PETER M. CATANIA III**
STREET ADDRESS **2456 SE 10TH ST.**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
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 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 877.165 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/12/11

cl7aw

**DO NOT WRITE
IN THIS SPACE**