


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90023 021 \*\*\*158.75

DOCUMENT # P94000060558 1. Entity Name CATHERINE BUSINESS CO.	
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Principal Place of Business 11040 N. W. 15TH STREET PEMBROKE PINES, FL 33026	Mailing Address 11040 N. W. 15TH STREET PEMBROKE PINES, FL 33026
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40003430



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0552030	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CRAVERO, CATHERINE E 11040 N. W. 15TH STREET PEMBROKE PINES, FL 33026
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**DO NOT WRITE  
IN THIS SPACE**

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 CATHERINE E. CRAVERO, DP 2-15-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P CRAVERO, CATHERINE E 11040 N. W. 15TH STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, KIM 11040 NW 15 ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAVERO, MICHAEL 11815 NW 13 ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKEY, CYNTHIA 11040 NW 15 ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP DOROTHY CRAVERO 11040 N. W. 15 ST. PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine E. Cravero 2/15/05 954-431-6881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #