

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000060558

1. Entity Name

CATHERINE BUSINESS CO.



Principal Place of Business
11040 N. W. 15TH STREET
PEMBROKE PINES FL 33026

Mailing Address
11040 N. W. 15TH STREET
PEMBROKE PINES FL 33026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0552030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAVERO, CATHERINE E
11040 N. W. 15TH STREET
PEMBROKE PINES FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CRAVERO, CATHERINE E
STREET ADDRESS 11040 N. W. 15TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete
NAME ROSARIO, KIM
STREET ADDRESS 11040 NW 15 ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ Delete
NAME CRAVERO, MICHAEL
STREET ADDRESS 11815 NW 13 ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ Delete
NAME LACKEY, CYNTHIA
STREET ADDRESS 11040 NW 15 ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE DVP ☐ Delete
NAME CRAVERO, DOROTHY
STREET ADDRESS 11040 N.W. 15 ST
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
000000411401
02/10/06-80006-004 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 Section 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 Catherine E Cravero 1-25-06