


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0552030	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

**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 _____

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, 2007 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 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	DVP CRAVERD, DOROTHY 11040 N.W. 15 ST PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/07-80073-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

DOROTHY CRAVERO
Dorothy Cravero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-07