2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P94000060558

Entity Name: CATHERINE BUSINESS CO.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0552030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRAVERO, CATHERINE E
Address: 11040 N. W. 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: ROSARIO, KIM
Address: 11040 NW 15 ST
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete
Name: CRAVERO, MICHAEL
Address: 11815 NW 13 ST
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete
Name: LACKEY, CYNTHIA
Address: 11040 NW 15 ST
City-St-Zip: HOLLYWOOD, FL

Title: DVP ( ) Delete
Name: CRAVERD, DOROTHY
Address: 11040 N.W. 15 ST
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY CRAVERO DVP 01/28/2009

Electronic Signature of Signing Officer or Director — Date