

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 8:00 am
Secretary of State

06-13-2006 90001 009 ***150.00

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1. Entity Name
PINOY CATERING CORPORATION



Principal Place of Business
10841 N.W. 24TH STREET
CORAL SPRINGS, FL 33065

Mailing Address
10841 N.W. 24TH STREET
CORAL SPRINGS, FL 33065

66021291



06072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0523258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PUMA, AMELIA Y
10841 N.W. 24TH STREET
CORAL SPRINGS, FL 33065

**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: *Amelia Y. Puma*

6-9-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PUMA, AMELIA Y
STREET ADDRESS	10841 N.W. 24TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	PVST
NAME	PUMA, AMELIA Y
STREET ADDRESS	10841 N.W. 24TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<i>Puma Amelia Y</i>
NAME	<i>10841 NW 24th St</i>
STREET ADDRESS	<i>Coral Springs FL 33065</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Amelia Y. Puma*

6-26-06-754-245-177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #