2005 FOR PROFIT CORPORATION ___ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State

DOCUMENT # P95000052643 1. Entity Name WILD CATS, INC.					Secretary of State				
Principal Place 266 NE 70 S MIAMI, FL 33	TREET	Mailing Addres 266 NE 70 ST MIAMI, FL 33	REET		: INNIVERS 179 (MIN	f e ith ex ist w erp ee ith e		r x o r	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent						01262005 No Chg-P CR2E034 (10/03) 4. FEI Number			
DAMATOV 266 NE 70 MIAMI, FL	, DAVID STREET	urient kegisteraa Agent				OT WE			
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 of printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remarking) DATE									
After Ma	NOW!!! FEE IS \$150.0 y 1, 2005 Fee will be \$	9. Electio 550.00 Trust F	n Campaign Financing und Contribution.	\$5.0 Added	00 May Be d to Fees	- -			
NAME STREET ADDRESS	P DAMATOV, DAVID 266 NE 70 STREET MIAMI, FL 33138	S AND DIRECTORS							
NAME STREET ADDRESS CITY-ST-ZIP	V DAMATOV, SHOSHI 266 NE 70 STREET MIAMI, FL 33138					0000002 3/16/05-8 ———	264725 30026-019 150.0	0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				=		OT WE	-		
NAME STREET ADDRESS CITY+ST-ZIP		 :			IN IT	IIS SPA	ACE		
NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	—	— .			
NAME STREET ADDRESS CITY-ST-ZIP						Mental Control			
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: 5050000000000000000000000000000000000									
SIGNATO	SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING	OFFICER OF DIRECTOR		,- , , 0 3	Date	Daytime Phone #	رع (