2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000083970 1. Entity Name VECCHIO CATERING, INC. Mailing Address Principal Place of Business ATTN: HERMAN MOSKOWITZ, CPA 2765 BRICKELL COURT 3850 HOLLYWOOD BLVD, SUITE 204 MIAMI, FL 33129 HOLLYWOOD, FL 33021 CR2E034 (11/05) 02162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0792541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VECCHIO, RICAHRD M 2765 BRICKELL COURT MIAMI, FL 33129 IN THIS SPACE 6. 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 SIGNATURE Signature, typed or printed name of registered agreen and title it expolicable. DATE (NOTE: Registered Agent algorature required when reinstating) U00000470819 FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Cempaign Financing \$5.00 May Be 03/28/06-80029-004 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE VECCHIO, RICHARD M HAME 2765 BRICKELL COURT STREET ADDRESS City-st-Zie MIAMI, FL 33129 TITLE NAME STREET ADDRESS City - ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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: SIGNATURE AND TYPED OF PRINTED NAME OF STORING OFFICER OR DIRECTOR

SIRELI ADDRESS
CATY-SI-ZIP
THLE
NAME
STREET ADDRESS
CHY-SI-ZIP
THLE
STREET ADDRESS
CHY-SI-ZIP
THLE
STREET ADDRESS
CHY-SI-ZIP
CHY-SI-ZIP
CHY-SI-ZIP

3-14-06

(301)858-7905

FILED

Mar 17, 2006 08:00 AM