2007 FOR PROFIT CORPORATION ...

ANNUAL REPORT

DOCUMENT # P97000083970

1. Entity Name

Principal Place of Business

VECCHIO CATERING, INC.



Mailing Address

ATTN: HERMAN MOSKOWITZ, CPA 3850 HOLLYWOOD BLVD, SUITE 204 HOLLYWOOD, FL 33021

2765 BRICKELL COURT MIAMI, FL 33129

FILED Feb 08, 2007 08:00 Al Secretary of State



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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0792541

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VECCHIO, RICAHRD M 2765 BRICKELL COURT

DO NOT WRITE

WIMWI, FE 33129			IN THIS	SPACE	٠,
The above named entity submits this statement for the p the obligations of registered agent.	urpose of changing its registered	office or registere	d agent, or both, in the Sta	ate of Florida. I am familiar with, and acc	ept
SIGNATURE	l applicable (NOTE: Registered A	pent signature required w	vhen reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.		00 May Be d to Fees		
10. OFFICERS AND DIRECT	CTORS		1 1 1	Carlotte Commence	1
IIILE PSTD NAME VECCHIO, RICHARD M STREET ADDRESS 2765 BRICKELL COURT CITY-SI-ZIP MIAMI, FL 33129					٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,.	02/1	100000626839 15/07-80036-016 150.01))
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TIILE NAME STREET AODRESS CITY-ST-ZIP			41		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 empoured 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date