

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 25, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/06)

<b>DOCUMENT # P98000009994</b> 1. Entity Name 526 CATALONIA AVENUE, INC.					
Principal Place of Business 744 BILTMORE WAY SUITE 2 MIAMI FL 33134			Mailing Address 744 BILTMORE WAY SUITE 2 MIAMI FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0837914</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENOYO, FERNANDO</b> <b>744 BILTMORE WAY</b> <b>SUITE 2</b> <b>CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Added to Fee</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE PAST YEAR		
TITLE NAME STREET ADDRESS CITY ST ZIP	PVP GALINDO, HERNAN 704 BILTMORE WAY, SUITE 2 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY ST ZIP	U00000729711 05/08/07-80052-002 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	ST MENOYO, FERNANDO 744 BILTMORE WAY, SUITE 2 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b>			<b>Fernando E. Menoyo</b> <b>Manager - Agent</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/23/07</b> Daytime Phone # <b>305-443-3141</b>		