2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90287 042 ***150.00

DOCUMENT # P98000014301

1. Entity Name
MRS. KATZ AND SOMETIMES MRS. NUSSBAUM, INC.

Principal Place of Business	Mailing Address
9251 SOUTH ORANGE BLOSSOM TRAIL- SUITE 6	9251 SOUTH ORANGE BLOSSOM TRAIL- SUITE 6
ORLANDO, FL 32387-8328	ORLANDO, FL 32387-9319

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5414 STRATFIELD DR		5414 STRATFIELD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32821	Country: USA	Zip: 32821	Country: USA

4. FEI Number: 23-2953459 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUFA, ALAN 5414 STRATFIELD DR ORLANDO, FL 32831	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 [signature] 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROUFA, ALAN D		NAME	
STREET ADDRESS	5414 STRATFIELD DR		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROUFA, MARY K		NAME	
STREET ADDRESS	5414 STRATFIELD DR		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Alan D. Roufa 4/19/05 407-826-6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #