## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000060736

Entity Name: C.A.T. PROCESSING, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business:** 

8780 SW 85TH ST MIAMI, FL 33173

**Current Mailing Address:** 

8780 SW 85TH ST MIAMI, FL 33173

SUITE 600 MIAMI, FL 33131

FEI Number: 65-0848492 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLANSKY, MITCHELL S ESQ 2665 S BAYSHORE DR STE 70 MIAMI, FL 33133

POLANSKY, MITCHELL S ESQ 999 BRICKÉLL AVENUE SUITE 600 MIAMI, FL 33131 US

**New Principal Place of Business:** 

**New Mailing Address:** 999 BRICKELL AVENUE

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.

SIGNATURE: MITCHELL S. POLANSKY

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete LEVY, CHARLES M III Name: 8780 SW 85TH ST Address: City-St-Zip:

MIAMI, FL 33173

Title: DVP ( ) Delete LEVY, ANTONIO J

Name: 8250 SW 94TH ST Address: MIAMI, FL 33156 City-St-Zip:

Title: (X) Delete LEVY, ELIZABETH Name:

8250 SW 94TH STREET Address: City-St-Zip: MIAMI, FL 33156

Title: (X) Delete LEVY, TERESA Name:

Address: 8780 SW 85TH STREET City-St-Zip: MIAMI, FL 33173

Title: (X) Change ( ) Addition

LEVY, CHARLES M III Name:

4625 N.W. 99TH AVENUE, APT. 108 Address:

City-St-Zip: DORAL, FL 33178

Title: () Change () Addition Name:

Address: City-St-Zip:

Title: Name:

Address: City-St-Zip:

Title: Name: Address:

City-St-Zip:

() Change () Addition

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO J. LEVY D 04/30/2009