2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # P99000002570 02-22-2007 90019 001 ***150.00 1. Entity Name JULY'S CATERING CORP. Principal Place of Business Mailing Address 14660 S.W. 127 COURT MIAMI FL 33186 14660 S.W. 127 COURT MIAMI FL 33186 2. Principal Placo of Businoss - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0912786 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRASCO, MARIA J Street Address (P.O. Box Number is Not Acceptable) 14660 S.W. 127 COURT **MIAMI FL 33186** City Zip Code 8. The above named entry submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when seinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7)111 Delete titis' ☐ Change ☐ Addillion CARRASCO, MARIA J NAME NAME 14660 S.W. 127 COURT SIRLLI ADDRUSS STREET ADDRESS MIAMI FL 33186 CITY - ST - 71P CITY-ST-78P TITLE Delete TILLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST- 7IP 1111E Delete Change ☐ Addition MADIE NAME STREET ADDRESS SIREEI ADDRESS CHY-S1-ZIP CITY-ST-78P THE ☐ Delete HILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7IP DUL ☐ Defete Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP HILE Delete IIILE ☐ Change ■ Addition NAME STHEET ADORESS STREET ADORESS CHY-ST-71P CITY - 51 - 71P 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cortify 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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 attaching it with an address, with all other like empowered. SIGNATURE:

FILED