2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# P99000024406

Entity Name: CLUB CATERERS, INC.

Current Principal Place of Business:

600 SW 92 AVE.
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

5601 COLLINS AVENUE
M-12
MIAMI, FL 33140

New Mailing Address:

FEI Number: 65-0911128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRERAS, ROSA MARIA
5601 COLLINS AVENUE
M-12
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	CARRERAS, ROSA MARIA	
Address:	5601 COLLINS AVENUE APT M-12	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DS	( ) Delete
Name:	ELIAS SANTOS, HAYDEE	
Address:	5601 COLLINS AVENUE APT M-12	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DT	( ) Delete
Name:	ELIAS, ANHONY	
Address:	5601 COLLINS AVENUE APT M-12	
City-St-Zip:	MIAMI, FL 33140	
Title:	DV	( ) Delete
Name:	MENENDEZ, RAMIRO R	
Address:	5601 COLLINS AVENUE APT M-12	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DS	( ) Delete
Name:	TRUJILLO, HEIDI	
Address:	5601 COLLINS AVENUE APT M-12	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROSA MARIA CARRERAS DP 04/13/2008

Electronic Signature of Signing Officer or Director — Date