2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028243

Name:

Address:

City-St-Zip:

BEZERRA, ROSA M

ORLANDO, FL 32837

11133 ESSEX RIDGE CT.

FILED Jul 12, 2006 Secretary of State

Entity Nam	ne: CATAL	YSIA OF AMERIC	CA, CORP			•	
Current Principal Place of Business:				New Prin	New Principal Place of Business:		
5950 LAKEI SUITE 169 ORLANDO,							
Current Mailing Address:				New Mai	New Mailing Address:		
5950 LAKEHURST DRIVE SUITE 169 ORLANDO, FL 32819 US							
FEI Number:	59-3565587	FEI Number A	oplied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:		
LARSON, CAROLINE 5950 LAKEHURST DRIVE SUITE 169 ORLANDO, FL 32819 US				8818 COI 40	LARSON, CAROLINE 8818 COMMODITY CIR 40 ORLANDO, FL 32819 US		
The above in the State		ty submits this sta	tement for the pu	rpose of changing	its registe	ered office or registered agent, or both,	
SIGNATURE: CAROLINE LARSON					07/12/2006		
Electronic Signature of Registered Agent				t	Date		
		.193(2)(b), F.S., the c sing Trust Fund Con	•	receive the prior not	ice.		
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD BENI, CARL 11133 ESSE ORLANDO,	X RIDGE CT.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD MAIA, PAUL 3837 DOUB ORLANDO,	LE EAGLE DR. 2722		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	ST	() Delete		Title:	ST	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

BEZERRA, ROSA M

5176 MILLENIA BLVD APT 202

ORLANDO, FL 32839 US

SIGNATURE: CARLOS BENI P 07/12/2006