


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V50942**  
 1. Entity Name  
 CATALONIA MINORCA MANAGEMENT, INC.



Principal Place of Business      Mailing Address  
 171 NORTH HIBISCUS DRIVE      171 NORTH HIBISCUS DR  
 MIAMI BEACH, FL 33139 US      MIAMI BEACH, FL 33139 US

**DO NOT WRITE IN THIS SPACE**



04092005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0346272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FORMAN, TERRY J.  
 1521 SOUTHWEST LEJUENE ROAD  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBIN, JEAN PAUL 171 NOERTH HIBISCUS DR MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAUDEAN, JACQUES 171 NORTH HIBISCUS DRIVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000301211  
 04/13/05-80022-017 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 an other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 04/11/05 (305) 8641066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day of the Month