


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Aug 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000043470  
 1. Entity Name  
 CATERING ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
 1101 HOLLAND DR.                      1101 HOLLAND DR.  
 BOCA RATON, FL 33487                  BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**



08112005      No Chg-P      CR2E034 (10/03)

4. FEI Number 65-0586134	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WISOTZKY, GARY M  
 1101 HOLLAND DRIVE  
 BOCA RATON, FL 33487

**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**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

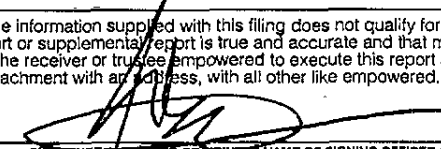
TITLE	P
NAME	WISOTZKY, GARY
STREET ADDRESS	10045 UMBERLAND PLACE
CITY-ST-ZIP	BOCA RATON, FL 33424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1100000376632  
 08/18/05-80002-010 150.00

1100000376632  
 08/18/05-80002-011 8.75

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

SIGNATURE:  **8-15-05** 561-949 8730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #