

**2009 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**09 MAY -6 AM 8:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>DOCUMENT # K19856</b>
1. Entity Name Patio & Things, Inc.

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

2. Principal Place of Business 240 Aragon Ave. Suite, Apt. #, etc.	3. Mailing Address 240 Aragon Ave. Suite, Apt. #, etc.
--	--

City & State Coral Gables, FL	City & State Coral Gables, FL
----------------------------------	----------------------------------

Zip 33134-5009	Country USA	Zip 33134-5009	Country USA
-------------------	----------------	-------------------	----------------

4. FEI Number 65-0039004	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

7. Name and Address of Current Registered Agent	
Name Santamarina, Maria	
Street Address (P.O. Box Number is Not Acceptable) 9411 S.W. 55th St.	
City Miami	FL Zip Code 33165

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$650.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	---	------------------------------------

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Santamarina, Maria 9411 S.W. 55th St. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800155533598 05/06/09--01023--005 **150.00
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	<b>DO NOT WRITE IN THIS SPACE</b>
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Maria Santamarina</i>	Maria Santamarina	4/16/09	305-446-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #