

2009 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 MAY -6 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K19856 1. Entity Name Patio & Things, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 240 Aragon Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 240 Aragon Ave. <small>Suite, Apt. #, etc.</small>			
City & State Coral Gables, FL <small>Zip Country</small> 33134-5009 USA		City & State Coral Gables, FL <small>Zip Country</small> 33134-5009 USA		4. FEI Number 65-0039004 <small>Applied For Not Applicable</small>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE			
DO NOT WRITE IN THIS SPACE			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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		
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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.					
SIGNATURE: <u>Maria Santamarina</u> Maria Santamarina <u>4/16/09</u> 305-446-6163 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/02)