2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L34638

1. Entity Name FEDERAL PATENT CORPORATION



Mailing Address

Principal Place of Business 12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181

12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181

FILED Mar 12, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0168725

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CLAYMAN, HENRY M. 12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181

SIGNATURE:

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.			· ·•		·	
Signature, typed or privided name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)					DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-57-ZIP	PD CLAYMAN, HENRY M. 12555 BISCAYNE BLVD #709 MIAMI, FL			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			U00000086821 03/12/04-80038-013	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TIFLE Name Street Address City-ST-ZIP				IN 7	THIS SPACE	,
Title Name Street Address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_			
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the comporation 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.						

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OFFICER OR DIRECTOR