## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P02000126964**

PATIUM DESIGNS CORPORATION

**FILED** Feb 02, 2004 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

7009 NW 107TH CT. MIAMI, FL 33178

7009 NW 107TH CT. MIAMI, FL 33178



01302004

No Chg-P

CR2E034 (10/03)

(78E)

Daytime Phone #

399-2252

4. FEI Number 27-0040942

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN ZANTEN, IVONNE 7009 NW 107 CT. MIAMI, FL 33178

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature	equired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PTD VAN ZANTEN, IVONNE 7009 NW 107 CT. MIAMI, FL 33178	::,,			U00000026387 02/03/04-80006-003 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VAN ZANTEN, RAMON 7009 NW 107 CT. MIAMI, FL 33178				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
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 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 11 if changed, or on an attachment with an address, with all other like empowered.					

Ivonne Van Zanten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR