2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

ANNUAL REPORT							
DOCUMENT # P0300 1. Entity Name PATRIOT SUITES, INC.	0058902						
Principal Place of Business	Mailing Address						
3015 N OCEAN BLVD, STE 121 FT LAUDERDALE, FL 33308	3015 N OCEAN BLVD, STE 121 FT LAUDERDALE, FL 33308	1					

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DO NOT WRITE IN THIS SPAC			CE	01082008 4. FEI Numb 72-156	No Chg-P	CR2E03	
6. Name and Address of Current Registered Agent FOSTER, REBECCA A 3015 N OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308		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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				55.00 May Be added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR DPS FOSTER, REBECCA A 3015 N OCEAN BLVD, STE 121 FT LAUDERDALE, FL 33308 DVT LANDAU, MARC J 3015 N OCEAN BLVD, STE 121 FT LAUDERDALE, FL 33308	ECTORS			U00000 04/25/08-	0897750 -80059-	013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD OTTINO, J.P. III 3015 N OCEAN BLVD, STE 121 FT LAUDERDALE, FL 33308				NOT W THIS SP		
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. hereby c	certify that the information supplied with this	filling does not qualify for the exe	emptions contain	ned in Chapter 119	9, Florida Statutes 1	further certify	y that the information

112. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 officer or director of the corporation or the receiver or trusting employee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.08

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