


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
 Apr 28, 2008 8:00 am  
 Secretary of State

04-02-2008 90022 013 \*\*\*150.00

**DOCUMENT # P07000046483**

1. Entity Name  
**PATROCINIO, INC.**



Principal Place of Business      Mailing Address  
 17970 NE 19TH AVE      17970 NE 19TH AVE  
 NORTH MIAMI BEACH, FL 33162      NORTH MIAMI BEACH, FL 33162

66008166



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03312008      Chg-P      CR2E034 (12/06)

4. FEI Number **20-8865418**      Applied For  
 Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**8. Name and Address of Current Registered Agent**

PATROCINIO, NICANOR H  
 17970 NE 19TH AVE  
 NORTH MIAMI BEACH, FL 33162

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
 Trust Fund Contribution.       Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATROCINIO, NICANOR H 17970 NE 19TH AVE NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PATROCINIO, MARCOS 17970 NE 19TH AVE NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATROCINIO, CLAUDIA 17970 NE 19TH AVE NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATROCINIO, HUGO 17970 NE 19TH AVE NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicanor H. Patrocinio / PD 3/31/08.  
 SIGNATURE AND CAPTIONED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #