

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001118

**FILED**  
**Jan 07, 2013**  
**Secretary of State**  
**CC2794511746**

**Entity Name:** PATRIOT CAPTIVE MANAGEMENT, INC.

**Current Principal Place of Business:**

401 E. LAS OLAS BOULEVARD  
SUITE 1650  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E. LAS OLAS BOULEVARD  
SUITE 1650  
FORT LAUDERDALE, FL 33301

**FEI Number:** 27-5462341

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name MARIANO, STEVEN M  
Address 401 E. LAS OLAS BOULEVARD, SUITE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

Title SD  
Name BRYANT, THEODORE G  
Address 401 E. LAS OLAS BOULEVARD, SUITE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name SCHUVER, CHARLES K  
Address 401 E. LAS OLAS BOULEVARD, SUITE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

Title P  
Name HALTER, ERIC M  
Address 401 E. LAS OLAS BOULEVARD, SUITE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

Title C  
Name SKUP, DAVID  
Address 401 E. LAS OLAS BOULEVARD, SUITE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

Title T  
Name SLUKA, MICHAEL J  
Address 401 E. LAS OLAS BOULEVARD, SUITE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

Title ASST. SECRETARY, VP  
Name DAVIS, KIMBERLY  
Address 401 E LAS OLAS BLVD, STE 1650  
City-State-Zip: FORT LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY DAVIS

**ASSISTANT SECRETARY** 01/07/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date