

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327057

Entity Name: PATTI ORIGINALS INC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

500 WEST FLAGLER ST
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

C/O GENTLE CARE, INC.
1790 SW 27TH AVENUE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 59-1207722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELAZQUEZ, VICTOR
1790 SW 27 AVENUE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VELAZQUEZ, VICTOR
Address: 1790 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: TD () Delete
Name: VELAZQUEZ, HORTENSIA
Address: 1790 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICTOR VELAZQUEZ

PRES

03/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date