

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63403

Entity Name: PATOM ENTERPRISES, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

9910 N OAK KNOLL
FT LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

9910 N OAK KNOLL
FT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 59-2156383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGOOD, PATRICIA
9910 N. OAK KNOLL CIR.
FORT LAUDERDALE, FL 33324 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: PST () Delete
Name: HAGOOD, PATRICIA,
Address: 9910 N. OAK KNOLL CIR.
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: D () Delete
Name: BARBARA DORAN,
Address: 1960 TRANQUILITY LN.
City-St-Zip: TITUSVILLE, FL 32796

Title: MD () Delete
Name: BELINDA, BANSCHBACH
Address: 3541 DELAMANO
City-St-Zip: PT. ST. LUCIE, FL 34953

Title: SEC () Delete
Name: KING, TINA MARIE
Address: 9910 N. OAK KNOLL CIR
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PATRICIA HAGOOD

Electronic Signature of Signing Officer or Director

PRES

01/23/2009

_____ Date