FILED
Mar 13, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K18846

1. Entity Name
NEW PATRIFAM, N.V., INC.

Principal Place of Business	Mailing Address
801 MADRID ST CORAL GABLES, FL 33114 US	P O BOX 145025 CORAL GABLES, FL 33114 US

DO NOT WRITE IN THIS SPACE

09072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0099723
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUCCIO, CARMELO
801 MADRID STREET
MIAMI, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

U00000857315
03/31/08-80010-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAPUCCIO, CARMELO
STREET ADDRESS	299 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VB
NAME	CAPUCCIO, YOLANDA DE
STREET ADDRESS	299 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #