2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
Secretary of State

DOCUMENT# K18846

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

Current Principal Place of Business:

4915 SW 149TH CT.
UNIT F
MIAMI, FL 33185 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 145025
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 65-0099723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, ALEX
354 SEVILLA AVE.
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: PD
Name: DE CAPPUCCIO, YOLANDA B
Address: 1607 PONCE DE LEON BLVD., APT. 11-C
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPD
Name: CAPPUCCIO, LEANDRO
Address: 1607 PONCE DE LEON BLVD., APT. 11-C
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD
Name: CAPPUCCIO, CARLOS P
Address: 64 BROADACRE DR.
City-St-Zip: MT. LAUREL, NJ 08054 US

Title: TD
Name: CAPPUCCIO, RAFAEL A
Address: 1607 PONCE DE LEON BLVD., APT. 11-C
City-St-Zip: CORAL GABLES, F 33134 US

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: YOLANDA DE CAPPUCCIO PD 03/28/2011

Electronic Signature of Signing Officer or Director Date