


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # K64401 1. Entity Name PATRICE ENTERPRISES, INC.	
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Principal Place of Business 2809 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308	Mailing Address 2809 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0103691	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASALE, PATRICIA  
2809 EAST COMMERCIAL BLVD.  
FT. LAUDERDALE, FL

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CASALE, PATRICIA 2165 CORAL GARDENS DR. WILTON MANOR, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CASALE, SANDRA MARIE 2165 CORAL GARDENS DR. WILTON MANOR, FL 33306
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U00000698145  
04/18/07-80069-002 150.00

**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: *Patricia Casale-PRES* 4-3-07 954-776-0461  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #