


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L34638		
1. Entity Name FEDERAL PATENT CORPORATION		
Principal Place of Business 12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181	Mailing Address 12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181	
<b>DO NOT WRITE IN THIS SPACE</b>		



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0168725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CLAYMAN, HENRY M. 12555 BISCAYNE BLVD SUITE 709 MIAMI, FL 33181	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLAYMAN, HENRY M. 12555 BISCAYNE BLVD #709 MIAMI, 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	

U00000036821  
03/12/04-80038-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lists empowered.

SIGNATURE: Henry M. Clayman 3/9/04 305/653-2550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #