


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90275 030 ***158.75

DOCUMENT # M01807 1. Entity Name PATRON ACCOUNTING SERVICES, INC.					
Principal Place of Business 2631 SW 147 AVE MIAMI, FL 33185 US			Mailing Address 13000 SW 8TH STREET #103 MIAMI, FL 33184 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2423 SW 147 AVE Suite, Apt. #, etc. # 203			
City & State 		City & State miami, FL		4. FEI Number 65-0069610	
Zip 		Zip 33185		Country 	
6. Name and Address of Current Registered Agent PATRON, MINERVA D PRES 1101 SW 139 AVE MIAMI, FL 33184				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Minerva D Patron</i></u> PRES. 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST	NAME PATRON, MINERVA D PRES		<input type="checkbox"/> Delete		
STREET ADDRESS 1101 SW 139 AVE	CITY-ST-ZIP MIAMI, FL 33184		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME PATRON, MINERVA D PRES		<input type="checkbox"/> Delete		
STREET ADDRESS 1101 SW 139 AVE	CITY-ST-ZIP MIAMI, FL 33184		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP-D	NAME PATRON, RICARDO A V-PRES		<input type="checkbox"/> Delete		
STREET ADDRESS 1101 SW 139 AVE	CITY-ST-ZIP MIAMI, FL 33184		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME LACORRA, ODALIS P V-PRES		<input type="checkbox"/> Delete		
STREET ADDRESS 1052 SW 138 PL	CITY-ST-ZIP MIAMI, FL 33184		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Minerva D Patron</i></u> PRES. 1/3/06 305-226-4765 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					