

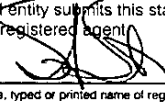
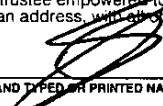


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90163 037 ***150.00

DOCUMENT # P00000054595 1. Entity Name GS/PATRONIS, INC.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 1775 COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 1775 COCONUT GROVE, FL 33133		
2. Principal Place of Business 2601 S Bayshore Drive Suite, Apt. #, etc. Suite 800 City & State Coconut Grove FL Zip 33133		3. Mailing Address 2601 S Bayshore Drive Suite, Apt. #, etc. Suite 800 City & State Coconut Grove FL Zip 33133			
4. FEI Number 65-1013915				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent STANLEY, SHERRY A. 2601 S BAYSHORE DRIVE #1775 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Stanley Sherry A. Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive Suite 800 City Miami State FL Zip Code 33133		
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  SHERRY A. Stanley DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SAFCHIK, JEFFREY A 2601 SOUTH BAYSHORE DRIVE SUITE 1775 COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAFCHIK, JEFFREY A 2601 S. Bayshore Drive suite 800 Coconut Grove, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	J/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stanley, Sherry A 2601 S. Bayshore Dr #800 Coconut Grove, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME 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 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 like empowered.					
SIGNATURE:  JEFFREY A. SAFCHIK DATE 4/25/2005 DAYTIME PHONE # 305-858-4225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					