2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 08:00 AN **DOCUMENT # P00000090966 Secretary of State** 1. Entity Name PATTI'S GARAGE, INC. Principal Place of Business Mailing Address 2810 S.W. 81ST TERRACE 2810 S.W. 81ST TERRACE **DAVIE, FL 33328 DAVIE, FL 33328** 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1047040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **NELSON, PAT** DO NOT WRITE 2810 S.W. 81ST TERRACE **DAVIE, FL 33328** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NELSON, BOB **2810 S.W. 81ST TERRACE** STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** TD TITLE **NELSON, PAT** NAME 2810 S.W. 81ST TERRACE STREET ADDRESS CITY-ST-7IP **DAVIE, FL 33328** U00000790599 01/23/08-80042-001 150.00 TITLE NAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PAT NELSON

1/17/08

954 4747023

FILED

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