

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90020 027 \*\*\*150.00

<b>DOCUMENT # P01000026434</b> 1. Entity Name <b>PATIEK INC.</b>																																			
Principal Place of Business <b>15994 NW 49 AVE. MIAMI, FL 33014</b>		Mailing Address <b>3675 N. COUNTRY CLUB DR. 1907 AVENTURA, FL 33180</b>																																	
2. Principal Place of Business <b>5535 N. Military Tr.</b> Suite, Apt. #, etc. <b>#1805</b>		3. Mailing Address <b>5535 N. Military Tr. #1805</b> Suite, Apt. #, etc. <b>#1805</b>																																	
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>																																	
Zip <b>33496</b>		Zip <b>33496</b>																																	
Country <b>USA</b>		Country <b>USA</b>																																	
4. FEI Number <b>06-1612310</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>SEAN MILLER 3675 N. COUNTRY CLUB DR. AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent Name <b>JOHN R. THRISTINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5535 N. Military Tr. #1805</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33496</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 <i>John R. Thristino</i> <b>JOHN R. THRISTINO</b> <span style="float: right;">3-14-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P MILLER, SEAN 3675 N. COUNTRY CLUB DR. 1907 AVENTURA, FL 33180</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, SEAN 3675 N. COUNTRY CLUB DR. 1907 AVENTURA, FL 33180</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P JOHN R. THRISTINO 5535 N. Military Tr. #1805 Boca Raton, FL 33496</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHN R. THRISTINO 5535 N. Military Tr. #1805 Boca Raton, FL 33496</b> <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>														
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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: <i>John R. Thristino</i> <span style="float: right;">3-14-05 561-6650360</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			