


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90027 049 ***150.00


DOCUMENT # P01000030194
 1. Entity Name
 PATRICIA RESTREPO, INC.



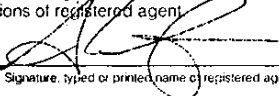
Principal Place of Business Mailing Address
 1065 KANE CONCOURSE 9990 SW 77 AVE STE 330
 STE 201 MIAMI, FL 33156-2699
 BAY HARBOR, FL 33154

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 901 CRANDON BLVD 901 CRANDON BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 KEY BISCAYNE / FL KEY BISCAYNE / FL
 Zip Country Zip Country
 33149 USA 33149 MIAMI-DADE

0006444U

 02262008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-1102457 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 MARGOLIS, JOHN A
 9990 SW 77 AVE STE 330
 MIAMI, FL 33156-2699
 7. Name and Address of New Registered Agent
 Name KORENFELD, ADAM
 Street Address (P.O. Box Number is Not Acceptable)
 2451 BRICKELL AVE, APT 15E
 City MIAMI FL Zip Code 33129

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  DATE 3-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$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	DR RESTREPO, PATRICIA 1065 KANE CONCOURSE, STE 201 BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ZULUAGA, PATRICIA 901 CRANDON BLVD KEY BISCAYNE, FL 33149 <input type="checkbox"/> Change <input checked="" 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
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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 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:  PATRICIA ZULUAGA 4/10/08 305-365-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #