2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080213

Entity Name: P.A.T. CONTRACTORS, INC.

FILED Jul 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7904 SONOMA SPRINGS CIR 3941NEWPORT AVE

BOYTON BEACH, FL 33436 207

LAKE WORTH, FL 33463

New Mailing Address: Current Mailing Address:

3941 NEWPORT AVE 7904 SONOMA SPRINGS CIR

BOYTNON BEACH, FL 33436

LAKE WORTH, FL 33463

FEI Number: 65-1129758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TORRES, CESAR O 1533 NW 91ST. AVE

3941 NEWPORT AVE SUITE #7-13 BOYNTON BEACH, FL 33436 US

CORAL SPRINGS, FL 33071 US

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.

TORRES, CESAR O

SIGNATURE: 07/05/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TORRES, CESAR O TORRES, CESAR O Name: Name: 7904 SONOMA SPRINGS CIR #207 3941 NEWPORT AVE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD Title: SD (X) Change () Addition () Delete

Name: CHAVES, MARIA T Name: CHAVES, MARIA T 7904 SONOMA SPRINGS CIR #207 Address: 3941 NEWPORT AVE Address: City-St-Zip: LAKE WORTH, FL 33463 BOYTON BEACH, FL 33436 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA T CHAVES SD 07/05/2005