


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:0
Secretary of St

DOCUMENT # P01000084168 1. Entity Name PATRUZ CORPORATION			
Principal Place of Business 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131		Mailing Address 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent CASTILLO, ALVARO B 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <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, 2006 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		U00000544025 05/11/06-80018-013 150.00	
TITLE	D	<h2>DO NOT WRITE IN THIS SPACE</h2>	
NAME	DE HOFFMANN, HUGO A		
STREET ADDRESS	C/O 1390 BRICKELL AVENUE, SUITE 200		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	D		
NAME	LUZ DE HOFFMANN, PATRICIA		
STREET ADDRESS	C/O 1390 BRICKELL AVENUE, SUITE 200		
CITY-ST-ZIP	MIAMI, FL 33131	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE	S		
NAME	ALVARO, CSATILLO B		
STREET ADDRESS	1390 BRICKELL AVE STE 200		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE			
NAME			
STREET ADDRESS		<h2>DO NOT WRITE IN THIS SPACE</h2>	
CITY-ST-ZIP			
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NAME			
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NAME		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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: <i>Hugo Angelino de Hoffmann</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>April 20th 2006</i> Daytime Phone # <i>786.201.1905</i>	



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1133553** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**