


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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
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04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1133553	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, ALVARO B
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000902150
04/29/08-80096-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE HOFFMANN, HUGO A C/O 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUZ DE HOFFMANN, PATRICIA C/O 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVARO, CSATILLO B 1390 BRICKELL AVE STE 200 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

[Handwritten Signature] DIRECTOR

APR 12 10 '200 P