


FILED

Feb 22, 2005 08:00

Secretary of Sta

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114978 1. Entity Name PATACOM, INC.	
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Principal Place of Business 8500 WEST FLAGLER STREET SUITE B-208 MIAMI, FL 33144	Mailing Address 8500 WEST FLAGLER STREET SUITE B-208 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0555236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLANTONI, CONCEPCION I  
8500 WEST FLAGLER STREET  
SUITE B-208  
MIAMI, FL 33144

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD COLANTONI, CONCEPCION I 8500 WEST FLAGLER STREET STE B-208 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VDS CACCAGLIO, JAVIER P 8500 WEST FLAGLER STREET STE B-208 MIAMI, FL 33144
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U00000239453  
02/22/05-80046-003 150.00

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:  Caccaglio, Javier P. Feb 08<sup>th</sup> 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #