
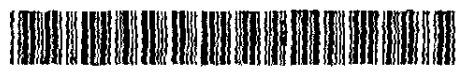


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000114978 1. Entity Name PATACOM, INC.	
--	---

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
--	--



DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FBI Number 01-0555236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLANTONI, CONCEPCION I 8500 WEST FLAGLER STREET SUITE B-208 MIAMI, FL 33144	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
--	--

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 file if applicable. (NOTE: Registered Agent signature required when registering)

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

TITLE	NAME	PD COLANTONI, CONCEPCION I 8500 WEST FLAGLER STREET STE B-208 MIAMI, FL 33144
TITLE	NAME	VDS CACCAGLIO, JAVIER P 8500 WEST FLAGLER STREET STE B-208 MIAMI, FL 33144
TITLE	NAME	
TITLE	NAME	
TITLE	NAME	
TITLE	NAME	

DO NOT WRITE
 IN THIS SPACE

1100000488333
 04/17/06-80003-001 150.00

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: Jana C. Colantoni March 30th 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #