

**2007 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**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 27th 2007
 DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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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UD0000743308
 05/15/07-80098-021 150.00

**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: *Ina C. Colantoni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27th
 Date

305-225-8646
 Daytime Phone #