


**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P01000114978</b> 1. Entity Name <b>PATACOM, INC.</b>	
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Principal Place of Business <b>8500 WEST FLAGLER STREET                  SUITE B-208                  MIAMI, FL 33144</b>	Mailing Address <b>8500 WEST FLAGLER STREET                  SUITE B-208                  MIAMI, FL 33144</b>
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U00000901970  
 04/29/08-80088-023 150.00



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03262008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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: *Concepcion Colantoni* April 10<sup>th</sup>, 2008  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when releasing) 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**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COLANTONI, CONCEPCION I
STREET ADDRESS	8500 WEST FLAGLER STREET STE B-208
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VDS
NAME	CACCAGLIO, JAVIER P
STREET ADDRESS	8500 WEST FLAGLER STREET STE B-208
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Concepcion Colantoni* April 10<sup>th</sup> 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #