2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000087093

1. Entity Name
PATTI ARCHIBAUD P.A.

Principal Place of Business	Mailing Address
2524 NE 21 COURT	2524 NE 21 COURT
FORT LAUDERDALE, FL 33305	FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

03032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
52-2371352	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHIBAUD, PATTI
2524 NE 21 COURT
FORT LAUDERDALE, FL 33305

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]_

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

DATE 3-3-05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS			
TITLE	D			
NAME	ARCHIBAUD, PATTI			
STREET ADDRESS	2524 NE 21 COURT			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

UN00000284618
04/02/05-80013-003 150.00

DO NOT WRITE
IN THIS SPACE

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 of 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: _[signature]_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-3-05   Daytime Phone # 954-803-5953