



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90019 024 ***150.00

DOCUMENT # P03000051854 1. Entity Name UNIFORM PATCH AND EMBLEM INCORPORATED					
Principal Place of Business 8055 MARSHWOOD LN LAKE WORTH, FL 33467				Mailing Address 8055 MARSHWOOD LN LAKE WORTH, FL 33467	
2. Principal Place of Business 5369 Myrtle Terr Suite, Apt. #, etc.		3. Mailing Address 5369 Myrtle Terr Suite, Apt. #, etc.			
City & State Plantation FL		City & State Plantation FL		4. FEI Number 41-2095178	
Zip 33317 Country USA		Zip 33317 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPOFFORD, DAN 2127 MARSH RABBIT LANE JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name Michael Abbaticchio Street Address (P.O. Box Number is Not Acceptable) 5369 Myrtle Terr City Plantation FL Zip Code 33317	
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 <i>Michael Abbaticchio</i> DATE 05-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, DENNIS 8055 MARSHWOOD LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABBATICCHIO, MIKE 5369 MYRTLE TERR. PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SPOFFORD, DAN 2127 MARSH RABBIT LANE JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Michael Abbaticchio</i> <i>Michael Abbaticchio</i> DATE 05-11-04 DAYTIME PHONE # 954 816-1243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					