

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90400 036 ***150.00

DOCUMENT # P03000063202

1. Entity Name

LAW OFFICE OF JOHN J. PATINO, P.A.



Principal Place of Business

19530 NW 57TH PLACE
MIAMI FL 33015

Mailing Address

P.O. BOX 171206
MIAMI FL 33017

30039065



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

7130 S. Orange Blossom Trail P.O. Box 720685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

129

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32809

Country

U.S.A.

Zip

32872

Country

U.S.A.

4. FEI Number

90-0089457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATINO, JOHN J ESQ.
19530 NW 57TH PLACE
MIAMI FL 33015

Name

John J. Patino, Esq.

Street Address (P.O. Box Number is Not Acceptable)

7130 S. Orange Blossom Trail

City

ORLANDO

FL

Zip Code

32809

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)

DATE

04-12-2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PATINO, JOHN J ESQ	
STREET ADDRESS	19530 NW 57TH PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.D.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Patino, John J., Esq.		
STREET ADDRESS	7130 S. Orange Blossom Trail		
CITY-ST-ZIP	ORLANDO, FL. 32809		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2005 (407) 770-0550

Date

Daytime Phone #