

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

FILED
Sep 01, 2005 8:00 am
Secretary of State

07-25-2005 90099 043 ***158.75
09-01-2005 90023 006 ***391.25

DOCUMENT # P04000087280

1. Entity Name
PATCAM, INC.



Principal Place of Business
**5606 SW 97TH TERR
COOPER CITY FL ;3332-8**

Mailing Address
**5606 SW 97TH TERR
COOPER CITY FL ;3332-8**



2. Principal Place of Business
5606 SW 97TH TERR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 292226
Suite, Apt. #, etc.

FEI # 55-0870377
1st MOORE CR2E034 (10/04)

City & State
Cooper City - FL

City & State
Dania, Florida

Zip
33328

Country
U.S.A

Zip
33329

Country
USA

4. FEI Number
16-8015154065-8

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

Applied For
☒ **Not Applicable**

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D BUTCHER, PATRICK A 5606 SW 97TH TERR COOPER CITY FL ;3332-8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BUTCHER, CAMILLE H 5606 SW 97TH TERR COOPER CITY FL ;3332-8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. Butcher CAMILLE HORDATT-BUTCHER 695-8957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7-18-05 Daytime Phone # 954-