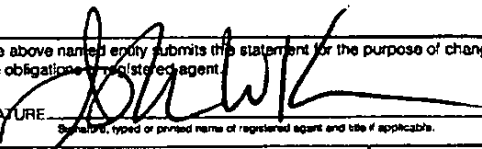
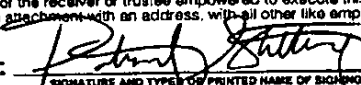


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-22-2005 90020 021 ***150.00

DOCUMENT # P04000131405 1. Entity Name PATRICK SLATTERY, INC.					
Principal Place of Business 17600 S.W. 89TH COURT MIAMI, FL 33157			Mailing Address 17600 S.W. 89TH COURT MIAMI, FL 33157		
2. Principal Place of Business <u>same as above</u> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 30-0287112 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KEARNS, JOHN W 431 GERONA AVENUE CORAL GABLES, FL 33146				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 the registered agent. SIGNATURE:  DATE					
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SLATTERY, PATRICK 17600 S.W. 89TH COURT MIAMI, FL 33157			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ 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:  Patrick Slattery				7/8/2005 305/984-9039 or 305/662-6696	

Ref # P04000131405
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