2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038222

FILED May 01, 2006 Secretary of State

Entity Nar	ne: PATINO	ACQUISITIONS, INC.				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
	AGE AVENUE VILLE, FL 32					
Current M	ailing Addre	ss:	New Mailing	New Mailing Address:		
SUITE 4	OST AUGUS ⁻ VILLE, FL 32					
FEI Number:	20-2704463	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent	:: Name and A	ddress of New Registered Agent:		
GARBACIK KOPMAN, J VICTORIA 10688 OLD ST AUGUSTINE ROAD SUITE 4 JACKSONVILLE, FL 32257 US			10688 ST AU SUITE 4	J VICTORIA GARBACIK KOPMAN CPA 10688 ST AUGUSTINE ROAD SUITE 4 JACKSONVILLE, FL 32257 US		
	named entity e of Florida.	submits this statement for t	he purpose of changing its	registered office or registered agent, or both	h,	
SIGNATUR	RE: J VICTO	RIA GARBACIK KOPMAN	CPA	05/01/2006		
	Electro	nic Signature of Registered	Agent	Date	_	
		93(2)(b), F.S., the corporation d ng Trust Fund Contribution ().	id not receive the prior notice.			
	S AND DIREC	=	ADDITIONS/	CHANGES TO OFFICERS AND DIRECTO	ORS:	
Title: Name: Address: City-St-Zip:	P (PATINO, CARI 139 COTTAGE JACKSONVILL	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HALPER, KATI 3566 BAY ISL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SEC () DIGAETANI, M 896 COLLINS JACKSONVILL	WOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	TREA ()	() Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS PATINO Ρ 05/01/2006

GARBACIK KOPMAN, J VICTORIA

JACKSONVILLE, FL 32257

10688 OLD ST AUGUSTINE ROAD, SUITE 4

Name:

Address:

City-St-Zip: