

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082542

Entity Name: 7 PATAI, INC.

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

19880 NE 24 COURT  
NORTH MIAMI BEACH, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

19880 NE 24 COURT  
NORTH MIAMI BEACH, FL 33180

## New Mailing Address:

FEI Number: 20-2972066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELKIN, PINCHAS  
19880 NE 24 CT  
NORTH MIAMI BEACH, FL 33180 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ELKIN, PINCHAS  
Address: 19880 NE 24 COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VP ( ) Delete  
Name: ELKIN, JUDY  
Address: 19880 NE 24 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: ELKIN, MICHAEL  
Address: 19880 NE 24 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: ELKIN, TALIA  
Address: 19880 NE 24 COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: ELKIN, AARON  
Address: 19880 NE 24 COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PINCHAS ELKIN

PD

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date