

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 018 ***158.75

DOCUMENT # P06000082583					
1. Entity Name PATAGONIA UNION, INC.					
Principal Place of Business 200 N PALAFOX ST PENSACOLA, FL 32502			Mailing Address 200 N PALAFOX ST PENSACOLA, FL 32502		
2. Principal Place of Business - No P.O. Box # 700 COLLEGE BLVR Suite, Apt. #, etc. # C 101		3. Mailing Address 700 COLLEGE BLVR Suite, Apt. #, etc. # K 101			
City & State PENSACOLA FL.		City & State PENSACOLA FL.		4. FEI Number 20-5095348	
Zip 32504		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REQUENA, DIEGO A 200 N PALAFOX ST PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name: <u>DIEGO A. REQUENA</u> Street Address (P.O. Box Number is Not Acceptable): <u>700 COLLEGE BLVR # C 101</u> City: <u>PENSACOLA</u> <u>FL</u> Zip Code: <u>32504</u>		
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:  DATE: <u>5/01/07</u> <small>Signature of type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 REQUENA, DIEGO A 200 N PALAFOX ST PENSACOLA, FL 32502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REQUENA, DIEGO A. 700 COLLEGE BLVR # C 101 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 exemptions contained 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 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: 			Date: <u>5/01/07</u> Daytime Phone #: <u>850 5253518</u>		