

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102502

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: PATRIOT CONSTRUCTION SOLUTIONS, INC.

**Current Principal Place of Business:**

4145 NW 65TH AVENUE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

4145 NW 65TH AVENUE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

FEI Number: 26-3740317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARCE, CARLOS L  
4145 NW 65TH AVENUE  
CORAL SPRINGS, FL 33076 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: D ( ) Delete  
Name: ARCE, CARLOS L  
Address: 4145 NW 65TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete  
Name: REMBERT, ANTHONY J  
Address: 1625 28TH STREET SOUTH  
City-St-Zip: ST. PETERSBERG, FL 33712

Title: D (X) Delete  
Name: EBANKS, HUGH G  
Address: 5055 NW 96TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: DUQUE, SANTIAGO  
Address: 11216 NW 7TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

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: CARLOS ARCE

D

02/10/2009

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

\_\_\_\_\_  
Date