



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000016696 1. Entity Name PAT'S BRIDALS, INC.	
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Principal Place of Business 6108 SOUTH DIXIE HIGHWAY MIAMI, FL 33143	Mailing Address 6108 SOUTH DIXIE HIGHWAY MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

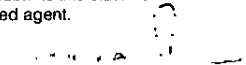


04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0476698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAAS, JOHN P ESQ. LAW OFFICES OF HELLMAN & MAAS 44 NE 16 STREET HOMESTEAD, FL 33030	DO NOT WRITE IN THIS SPACE
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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  (NOTE: Registered Agent signature required when reinstating)

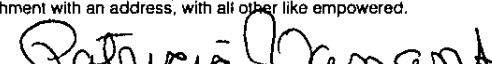
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DONZANTI, PATRICIA 29125 SW 167 AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DONZANTI, NORMAN 29125 SW 167 AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000926269
05/20/08-80080-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  4-25-08 305 661-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #