FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State P94000034238 DOCUMENT # 1. Entity Name 09-19-2002 90160 041 ***550.00 PATRICK TOMASSI ENTERPRISES, INC. Mailing Address Principal Place of Business Daraga 7442 S. FEDERAL HWY. 7442 S. FEDERAL HWY. #42 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3243787 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHEN SYNENKO Street Address (P.O. Box Number is Not Acceptable) 2869 SE PERU ST PORT ST. LUCIE FL 34984 Zin Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE -☐ Delete NAME STEPHEN SYNENKO NAME -STREET ADDRESS 2869 SE PERU ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME Judith Synenko STREET ADDRESS 2869 SE PERU ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34984 ☐ Addition Delete _ TITLE NAME NAMÈ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

Date Daytime Phone #

CR2E034 (4/02)

AHOOMMONT

PHOOSH Patrick Tomassi Enterprises, Inc.
7442 S. Federal Highway, Suite 42
Port St. Lucie, Fl 34984
(561)879-2393

RAINBOW

_ Division of Corporations Uniform Business Report Filings P>O>Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is our check for \$550.00. I had written a check in April to cover this expense but it has never been cashed. I'm very upset over this. If you check our records, you will see that this has never happened before. I don't know where the fault lies, but I do know I sent a check.

Please process this as soon as possible.

Sincerely,

Judith Synenko

"A Breath of Fresh Air.