2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 06, 2005 8:00 am Secretary of State **DOCUMENT # P96000002581** 09-06-2005 90136 031 ***150.00 PATRICK GARELLE INTERNATIONAL CORP. Principal Place of Business Mailing Address 50065070 3162 COMMODOR PLAZA 3162 COMMODOR PLAZA MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08112005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0647163 Not Applicable Country Ziρ Country Zio \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARELLE, PATRICK Street Address (P.O. Box Number is Not Acceptable) 1627 BRICKELL AVE #2906 MIAMI, FL 33129 Zip Code 33133 Miam 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in th e of Florida. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsta In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Barelle, Patrick GARELLE, PATRICK NAME NAME 3561 N. Prospect Drive 1627 BRICKELL AVE #2906 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP 33133 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TOTLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 on trustee empty field 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED