


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90072 024 ***150.00

DOCUMENT # P96000022162 1. Entity Name PATFOR SERVICE GROUP INC.	
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Principal Place of Business 6201 NW 36 ST MIAMI, FL 33166 US	Mailing Address 6201 NW 36 ST MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0648027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6- Name and Address of Current Registered Agent

FORNARIS, SAMUEL
6201 NW 36 ST
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

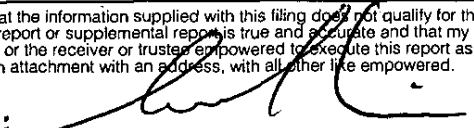
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FORNARIS, SAMUEL 8891 SW 82ND STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PATTERSON, MARIO E 14471 SW 50TH TERR MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 life empowered.

SIGNATURE:  **Sam Fornaris** 4/12/04 (305) 871 1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #