

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90233 030 ***150.00

DOCUMENT # P96000022162

1. Entity Name
PATFOR SERVICE GROUP INC.



Principal Place of Business
6201 NW 36 ST
MIAMI, FL 33166 US

Mailing Address
6201 NW 36 ST
MIAMI, FL 33166 US

2. Principal Place of Business
5721 NW 36 ST.
Suite, Apt. #, etc.

3. Mailing Address
5721 NW 36 ST.
Suite, Apt. #, etc.



04102006 Chg-P CR2E034 (11/05)

City & State
Miami, FL
Zip 33166 Country U.S.A.

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Miami, FL
Zip 33166 Country U.S.A.

4. FEI Number
65-0648027
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORNARIS, SAMUEL
6201 NW 36 ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Fornaris, Samuel
Street Address (P.O. Box Number is Not Acceptable)
5721 NW 36 ST.
City Miami FL Zip Code 33166

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: Samuel Fornaris DATE: 04/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME FORNARIS, SAMUEL ☐ Delete
STREET ADDRESS 6201 NW 36 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition
NAME Fornaris, Samuel
STREET ADDRESS 5721 NW 36 ST.
CITY-ST-ZIP Miami, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Samuel Fornaris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 04/12/06 DAYTIME PHONE: (305) 871 1121