## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P96000094964

Entity Name: PATES PLUS, INC.

FILED Jan 25, 2011 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of Business:	
11638 NE 2ND AVE. MIAMI SHORES, FL 3316	31		
Current Mailing Address:		New Mailing Address:	
11638 NE 2ND AVE. MIAMI SHORES, FL 3316	31		
FEI Number: 65-0719819	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
BELLANDE, CUCKITA 11638 NE 2ND AVE. MIAMI SHORES, FL 3316	S1 US		
The above named entity s in the State of Florida.	ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,

## **OFFICERS AND DIRECTORS:**

Title: I

SIGNATURE:

 Name:
 BELLANDE, CUCKITA

 Address:
 11638 NE 2ND AVE.

 City-St-Zip:
 MIAMI SHORES, FL 33161

Title: \

 Name:
 OLIVIER, MAXIME

 Address:
 6025 TREMAYNE DR.

 City-St-Zip:
 MOUNT DORA, FL 32757

Title:

Name: OLIVIER, FRANTZ Address: 7710 GRANADA BLVD. City-St-Zip: MIRAMAR, FL 33023

Title:

Name: OLIVIER CASSAGNOL, THERESA

Address: 4750 BRANDYWINE City-St-Zip: BOCA RATON, FL 33487

Title: AS

Name: OLIVIER, FLORE

Address: 4401 CORTINA CIRCLE #336 City-St-Zip: FT. MYERS, FL 33916

Title: [

Name: OLIVIER JEAN-PIERRE, NANCY Address: 9715 SPRINGFIELD BLVD. City-St-Zip: QUEENS VILLAGE, NY 11429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CUCKITA K O BELLANDE P 01/25/2011