2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 08:00 AN Secretary of State DOCUMENT # P97000096511 PATINO ENTERPRISES, INC. Principal Place of Business Mailing Address 225 ALCAZAR AVENUE 225 ALCAZAR AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0818470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATINO, YVETTE M DO NOT WRITE 225 ALCAZAR AVENUE CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Flegistered Agent signature required when reinstating) DATE UÜÜÜÜÜÜ912040 05/07/08-80064-012 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE PATINO, RALPH G NAME STREET ADDRESS 225 ALCAZAR AVENUE CITY - ST - ZIP CORAL GABLES, FL. 33134 SD TITLE PATINO, RALPH G NAME STREET ADDRESS 225 ALCAZAR AVENUE CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WR CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Justice expowered 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 their fike emprovered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED