


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90034 024 \*\*\*150.00

DOCUMENT # P95000014722	
1. Entity Name PATIO PARTNERS, INC.	

Principal Place of Business 250 WORTH AVENUE PALM BEACH, FL 33480	Mailing Address PO BOX 2528 PALM BEACH, FL 33480
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94027677



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0559630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON  
250 WORTH AVENUE  
PALM BEACH, FL 33480

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDLES MAN, STEVEN 18 HOTEL DR WHITE PLAINS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOCKER, MARSHA 5 LOVE LAKE HARRISON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HANDEL SHAN, LUCILLE 250 WORTH AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEASLIP, SANDY 3 LOVE LANE HARRISON, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE:  3/4/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #