

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99378

FILED
Apr 05, 2004
Secretary of State

Entity Name: ADVANCED TOTAL SYSTEMS, INC.

Current Principal Place of Business:

8401 NW 53RD TERR.
SUITE 202
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8401 NW 53RD TERR.
SUITE 202
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0143176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLACAMPA, ORSIRIS
7748 S.W. 184TH WAY
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLACAMPA, OSIRIS,
Address: 7748 SW 184 WAY
City-St-Zip: MIAMI, FL 35157

Title: VPD () Delete
Name: ALONSO, DIEGO
Address: 6341 PENT PLACE
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: VILLACAMPA, MARIA
Address: 7748 SW 184TH WAY
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OSIRIS VILLACAMPA

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04/05/2004

Electronic Signature of Signing Officer or Director

_____ Date