

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90008 044 \*\*\*150.00

<b>DOCUMENT # P00000089562</b>	
1. Entity Name <b>ATAVICO INTERNATIONAL, INC.</b>	



Principal Place of Business <b>7260 NW 58TH ST MIAMI, FL 33166</b>	Mailing Address <b>7260 NW 58TH ST MIAMI, FL 33166</b>
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**24077957**



2. Principal Place of Business <b>5258 NW 114TH AVE</b>	3. Mailing Address <b>5258 NW 114TH AVE</b>
Suite, Apt. #, etc. <b>#110</b>	Suite, Apt. #, etc. <b>#110</b>
City & State <b>DORAL, FL</b>	City & State <b>DORAL, FL</b>
Zip <b>33178</b>	Country <b>US</b>

07282004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1047985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>GERARDO HERNANDEZ 7260 NW 58TH ST MIAMI, FL 33166</b>	7. Name and Address of New Registered Agent Name <b>RAMON TOURGEMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1725 MAD STREET</b> <b>SUITE 209</b> City <b>WESTON</b> FL Zip Code <b>33326</b>
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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 *Ramon Tourgeman* DATE **7/28/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, GERARDO 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERARDO HERNANDEZ 5258 NW 114TH AVE #110 DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerardo Hernandez* **GERARDO HERNANDEZ** JUL 28, 2004 786-331-9758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #