

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106823

FILED
Feb 07, 2008
Secretary of State

Entity Name: ATF HOLDINGS, INC.

Current Principal Place of Business:

10761 NW 89TH AVENUE
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

10761NW 89TH AVENUE
HIALEAH GARDENS, FL 33018 US

New Mailing Address:

FEI Number: 65-0802002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLE COMMUNICATIONS, INC.
2525 PONCE DE LEON BLVD
250
CORAL GABLES, FL 33134 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: VPSD () Delete
Name: SOTOLONGO, RAUL
Address: 10761 NW 89TH AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VPD () Delete
Name: SMITH, RAUL
Address: 10761 NW 89TH AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: PTD () Delete
Name: CUSCO, EDUARDO
Address: 10761 NW 89 AVENUE
City-St-Zip: HIALEAH, FL 33018 US

Title: D () Delete
Name: CUSCO, JORGE
Address: 10761 NW 89TH AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33018

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAUL SOTOLONGO

VP

02/07/2008

Electronic Signature of Signing Officer or Director

Date