2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350237

Entity Name: ATGAR DEVELOPMENT CORPORATION

FILED May 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

490 NW SOUTH RIVE DR. 241558 OAKS BLVD.

MIAMI, FL 33128 LAND O LAKES, FL 34369

Current Mailing Address: New Mailing Address:

 490 NW SOUTH RIVE DR.
 24155 OAKS BLVD

 MIAMI, FL 33128
 TAMPA, FL 34639

FEI Number: 59-1269014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COFFEY, SUSAN 490 NW SOUTH RIVER DR. COFFEY, SUSAN 24155 OAKS BLVD

MIAMI, FL 33128 US LAND O LAKES, FL 34639 US

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: SUSAN B COFFEY 05/21/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPCD () Delete Title: VPCD (X) Change () Addition Name: PAHULES, MARY B Name: PAHULES, MARY B

 Address:
 490 NW SOUTH RIVER DR
 Address:
 24155 OAKS BLVD

 City-St-Zip:
 MIAMI, FL 33128
 City-St-Zip:
 LAND O LAKES, FL 34639

Title: AS () Delete Title: PTCD (X) Change () Addition Name: OBREGON, ODALYS Name: COFFEY, SUSAN B

Address: 490 NW SOUTH RIVER DR Address: 24155 OAKS BLVD

City-St-Zip: MIAMI, FL 33128 City-St-Zip: LAND O LAKES, FL 34639

Title: PTCD (X) Delete Title: () Change () Addition

 Name:
 COFFEY, SUSAN
 Name:

 Address:
 490 NW SOUTH RIVER DR.
 Address:

 City-St-Zip:
 MIAMI, FL 33128
 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: SUSAN B COFFEY PTCD 05/21/2009