


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000391 1. Entity Name ATIE PROPLRTIES, INC.	
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Principal Place of Business 2050 CORAL WAY #305 MIAMI, FL 33145	Mailing Address 2050 CORAL WAY #305 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1047384	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

GRIFFIN REALTY, INC.
 2050 CORAL WAY, STE 305
 MIAMI, FL 33145

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CP RINCON, RAFAEL 2050 CORAL WAY #305 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RINCON, BEATRIZ 2050 CORAL WAY #305 MIAMI, FL 33145
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 04/23/07-80059-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rafael Rincon 4/10/07 (305) 860-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #