2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000391

1. Entity Name
ATIE PROPLRTIES, INC.

Principal Place of Business	Mailing Address
2050 CORAL WAY #305 MIAMI, FL 33145	2050 CORAL WAY #305 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

04092007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1047384		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN REALITY, 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 _____

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

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	CP
NAME	RINCON, RAFAEL
STREET ADDRESS	2050 CORAL WAY #305
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	VS
NAME	RINCON, BEATRIZ
STREET ADDRESS	2050 CORAL WAY #305
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000705625
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: _____   4/10/07   (305) 860-0944

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