


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F01000000391 1. Entity Name ATIE PROPERTIES, 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**



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1047384	Applied For 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000883206  
 04/16/08-80072-006 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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* 4/3/08 (305) 860-0944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #