

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # F95000002470

1. Entity Name  
ATUSER C.A.



Principal Place of Business

RESIDENCIA VILLA CARMINE, CALLE 16  
APT 1B, PALO VERDE  
CARACAS, MI VE

Mailing Address

RESIDENCIA VILLA CARMINE, CALLE 16  
APTO 1B, PALO VERDE  
CARACAS, MI VE



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SAMBRANO, ULISES  
8234 STOCKTON WAY  
TAMPA, FL 33647

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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

Signature, typed or printed name of registered agent and title if applicable.

ULISES SAMBRANO

(NOTE: Registered Agent signature required when reinstating)

01/11/05

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME SAMBRANO, CESAR PRES.  
STREET ADDRESS RES VILLA CARMINE, APTO 1-B, CALLE 16  
CITY-ST-ZIP PALO VERDE CARACAS, MI

TITLE D  
NAME SAMBRANO, BEATRIZ DIR.  
STREET ADDRESS RES.FERANA, APTO 3D, CALLE  
CITY-ST-ZIP PALO VERDE CARACAS, MI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cesar Sambrano

Date

01/04/05

Daytime Phone #