


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000001435</b> 1. Entity Name <b>ATICO INTERNATIONAL USA, INC.</b>	
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Principal Place of Business <b>501 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>501 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301</b>
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07032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0685979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FELKOWITZ, STEVEN A 501 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRONRAD, RICHARD 501 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUTKER, MARTIN 501 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/06

Date

Daytime Phone #