## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012053

Entity Name: ATM SUPPLIERS, LLC

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

5525 NW 15TH AVENUE, STE. 202 5525 NW 15TH AVENUE, FT. LAUDERDALE, FL 33309 STE. 202

FT. LAUDERDALE, FL 33309

**Current Mailing Address:** New Mailing Address:

5525 NW 15TH AVENUE, STE. 202 5525 NW 15TH AVENUE, FT. LAUDERDALE, FL 33309 STE. 202 FT. LAUDERDALE, FL 33309

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAGEN & HAGEN, P.A. 3531 GRIFFIN ROAD

FT. LAUDERDALE, FL 33312 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:**

() Delete

( ) Change (X) Addition ANSELMI, ALEJANDRO Name: Name: Address: Address: 5525 NW 15TH AVENUE SUITE 202 City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Delete Title: MGR ( ) Change (X) Addition

MAESTRACCI, GABRIEL Name: Name: Address: Address:

5525 NW 15TH AVENUE SUITE 202 City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEX ANSELMI 01/27/2004