


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M93797
1. Entity Name
ATLAS INVESTMENT CORP.



Principal Place of Business % MANUEL BENITEZ 7323 N.W. 66TH ST MIAMI, FL 33166	Mailing Address % MANUEL BENITEZ 7323 N.W. 66TH ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0073748	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENITEZ, MANUEL
7323 N.W. 66TH ST
MIAMI, FL 33166

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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
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 NAME STREET ADDRESS CITY-ST-ZIP	P BENITEZ, MANUEL 7323 N.W. 66TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVAS, JOSE 7323 N.W. 66TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ULFE, JOSE J. 7323 N.W. 66TH ST. MIAMI, FL
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04/14/05-80092-019 150.00

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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 full authority empowered.

SIGNATURE: _____ **4/12/05** **(305) 885-1717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #