


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90261 002 ***150.00

DOCUMENT # P00000086667	
1. Entity Name ATICROWN CORP.	

Principal Place of Business 169 E. FLAGLER ST. SUITE 1534 MIAMI FL 33131	Mailing Address 169 E. FLAGLER ST. SUITE 1534 MIAMI FL 33131
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2. Principal Place of Business 2615 Collins Ave.	3. Mailing Address 2615 Collins Ave.
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Suite, Apt. #, etc. 2615	Suite, Apt. #, etc. 2615
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33131	Country USA	Zip 33131	Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 65-1051854	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COPPOLA, SERGIO 1149 SW 27TH AVENUE SUITE 305 MIAMI FL 33135

7. Name and Address of New Registered Agent	
Name Coppola Sergio	
Street Address (P.O. Box Number is Not Acceptable) 2618 COLLINS AVE #431	
City MIAMI	FL
Zip Code 33140	

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.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME COPPOLA, SERGIO	
STREET ADDRESS 169 E. FLAGLER ST. SUITE 1534	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VD	<input type="checkbox"/> Delete
NAME ANDRADA, ANDREA N	
STREET ADDRESS 169 E. FLAGLER ST. SUITE 1534	
CITY-ST-ZIP MIAMI FL 33131	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Coppola, Sergio	
STREET ADDRESS 2618 COLLINS AVE. #431	
CITY-ST-ZIP MIAMI FL 33140	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDRADA, ANDREA N.	
STREET ADDRESS 2618 COLLINS AVE #431	
CITY-ST-ZIP MIAMI FL 33140	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SERGIO COPPOLA	04-20-2004	786-282-1186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #