2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086667

Entity Name: ATICROWN CORP.

FILED Aug 11, 2004 Secretary of State

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

2618 COLLINS ST. 13499 BISCAYNE BLVD

MIAMI BEACH, FL 33140 1212

NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

 169 E. FLAGLER ST.
 13499 BISCAYNE BLVD

 SUITE 1534
 1212

MIAMI, FL 33131 NORTH MIAMI, FL 33181

FEI Number: 65-1051854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COPPOLA, SERGIO
2618 COLLINS ST., #431
MIAMI BEACH, FL 33140

COPPOLA, SERGIO
13499 BISCAYNE BLVD
1212
NORTH MIAMI, FL 33181

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: SERGIO COPPOLA 08/11/2004

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

MIAMI BEACH, FL 33140

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 COPPOLA, SERGIO
 Name:
 COPPOLA, SERGIO

 Address:
 2618 COLLINS ST., #431
 Address:
 13499 BISCAYNE BLVD

City-St-Zip: MIAMI BEACH, FL 33140 Address: 13499 BISCATNE BLVD City-St-Zip: NORTH MIAMI, FL 33181

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

 Name:
 ANDRADA, ANDREA N
 Name:

 Address:
 2618 COLLINS ST., #431
 Address:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO COPPOLA PD 08/11/2004

Electronic Signature of Signing Officer or Director

Date