

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90128 001 ***550.00
07-12-2004 90128 002 *****8.75

DOCUMENT # P00000108973 1. Entity Name A.T.S. TRADE INC.			
Principal Place of Business 2479 N.W. 36TH STREET MIAMI, FL 33142		Mailing Address 351 SW 167TH AVE PEMBROKE PINES, FL 33027 US <i>new ADD</i>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>15366 SW 38 ST</i> Suite, Apt. #, etc.	
City & State Zip		City & State <i>DAVIE FL</i> Zip <i>33331</i>	
Country		Country <i>BROWARD</i>	
4. FEI Number 65-1057860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMEIDA, JOSE 351 S.W. 167TH AVENUE PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALMEIDA, JOSE 351 S.W. 167TH AVENUE PEMBROKE PINES, FL 33027 <i>new ADD.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALMEIDA, JOSE 15366 SW 38 ST DAVIE, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, PATRICIA M 351 SW 167TH AVENUE PEMBROKE PINES, FL 33027 <i>new ADD</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, PATRICIA 15366 SW 38 ST DAVIE, FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7/1/04</i> Daytime Phone # <i>786-253-2300</i>	

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