

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90304 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000020361			
1. Entity Name ATRAST, CORP.			
Principal Place of Business 600 BRICKELL AVE MIAMI, FL 33131		Mailing Address 600 BRICKELL AVE MIAMI, FL 33131	
2. Principal Place of Business <i>Change</i> 600 Brickell Av.		3. Mailing Address 600 Brickell Av.	
Suite, Apt. F., etc. Suite 301-D		Suite, Apt. F., etc. Suite 301-D	
City & State Miami FL		City & State Miami FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number 65-1081400		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARIAS TOVAR, ILEANA ESC. 9900 STIRLING ROAD SUITE 218 COOPER CITY, FL		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
City		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 _____	
Signature is typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
FILE NOW!! FEE IS \$180.00 After May 1, 2003 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUREDO, RAMON	NAME	
STREET ADDRESS	6301 COLLINS AVE. SUITE #2206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	33141
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANAGS, PETERIS	NAME	
STREET ADDRESS	6301 COLLINS AVE. SUITE #2206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	33141
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONG, VICTOR	NAME	
STREET ADDRESS	6301 COLLINS AVE. SUITE #2206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	33141
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TD ALEJANDRO BORGANA
STREET ADDRESS		STREET ADDRESS	600 BRICKELL AV. SUITE 301-D
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/20/03	
Signature and typed or printed name of signing officer or director		Date	
VICTOR KONG SD		(305)4159964	

90102665



CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)

Wang
 Zip
 Code
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 one is
 33141