

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

DOCUMENT # P01000020361 1. Entity Name ATRAST, CORP.			90102665
Principal Place of Business 600 BRICKELL AVE MIAMI, FL 33131		Mailing Address 600 BRICKELL AVE MIAMI, FL 33131	
2. Principal Place of Business 600 Brickell Av. Suite, Apt. F, etc. Suite 301-D City & State Miami FL Zip 33131		3. Mailing Address 600 Brickell Av. Suite, Apt. F, etc. Suite 301-D City & State Miami FL Zip 33131	
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 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOUREDO, RAMON 6301 COLLINS AVE. SUITE #2206 MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPD VANAGS, PETERIS 6301 COLLINS AVE. SUITE #2206 MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KONG, VICTOR 6301 COLLINS AVE. SUITE #2206 MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEJANDRO BORGANA 600 BRICKELL AV. SUITE 301-D MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME 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 another like empowered.			
SIGNATURE:		VICTOR KONG SD 4/20/03 (305)4159964	

CH2E034 (10/02)

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33141