2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000042680

1. Entity Name
AMERICAN TRADING PARTNERS, INC.

Principal Place of Business	Mailing Address
6187 NW 167 STREET UNIT H-15 MIAMI LAKES, FL 33015	6187 NW 167 STREET UNIT H-15 MIAMI LAKES, FL 33015

04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. Fei Number
65-1097417
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLINAR, PEDRO M
6401 SUNSET DR, 100
MIAMI, FL 33143

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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: MARINO OSSA 04.15.2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000313115
04/18/05-80111-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSSA, MARINO
STREET ADDRESS	2000 ISLAND BLVD APT # 501
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	TD
NAME	OSSA, INGRID
STREET ADDRESS	2000 ISLAND BVLD APT # 501
CITY-ST-ZIP	AVENTURA, FL 33160
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	

DO NOT WRITE IN THIS SPACE

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: MARINO OSSA 04.15.2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #