


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000042680 1. Entity Name AMERICAN TRADING PARTNERS, INC.	
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Principal Place of Business 6187 NW 167 STREET UNIT H-15 MIAMI LAKES, FL 33015	Mailing Address 6187 NW 167 STREET UNIT H-15 MIAMI LAKES, FL 33015
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1097417	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 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 PEO OSSA / Ingrid Ossa DATE 4/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSSA, MARINO 2000 ISLAND BLVD APT # 501 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSSA, INGRID 2000 ISLAND BLVD APT # 501 AVENTURA, FL 33160
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05/17/06-80028-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: PEO OSSA / Ingrid Ossa DATE 4/25/06 305 820 8825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #