



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000034045		
1. Entity Name A.T.M. DISTRIBUTORS CORP.		

Principal Place of Business 215 WEST 60TH ST. HIALEAH, FL 33012	Mailing Address 215 WEST 60TH ST. HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0730204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
JIMENEZ, DOMINGO 215 WEST 60TH ST. HIALEAH, FL 33012	

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IN THIS SPACE

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 reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

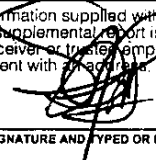
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, DOMINGO 215 WEST 60TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOVO, JUAN C 2871 SW 143 PL. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/12/07-80049-003 150.00

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 my initials, with all other like empowered.

SIGNATURE:  **JUAN C. NOVO** 01-09-07 305229-0507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #