## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000078382

Entity Name: AMERICAN TECHNICAL ACADEMY, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4995 NW 72ND AVE STE 205 3399 NW 72ND AVE STE 201

MIAMI, FL 33166 MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

4995 NW 72ND AVE STE 205 3399 NW 72ND AVE STE 201

MIAMI, FL 33166 MIAMI, FL 33122

FEI Number: 02-0635007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUEVAS, ANDREW ESQ CALIMAN, ALVEZ
536 BILTMORE WAY 4995 NW 72ND AVE STE 205
CORAL GABLES, FL 33134 US MIAMI, FL 33166 US

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.

SIGNATURE: ALVEZ CALIMAN 04/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: PSD (X) Change ( ) Addition

 Name:
 CALIMAN, ALBES
 Name:
 CALIMAN, ALBES

 Address:
 536 BILTMORE WAY
 Address:
 4995 NW 72ND AVE STE 205

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33166

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: CALIMAN, ALVEZ Name: CALIMAN, ALVEZ

Address: 536 BILTMORE WAY Address: 4995 NW 72ND AVE STE 205

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33166

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: CALIMAN, AIVEL Name: CALIMAN, AIVEL

Address: 536 BILTMORE WAY Address: 4995 NW 72ND AVE STE 205

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVEZ CALIMAN VD 04/15/2005