2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000131546  1. Entity Name  ATTILA, INC								Feb 09, 200 Secretar				
Principal Place of Business Mailing Address						<del> </del>					_	
12250 SW 1		12250 SW 129 COURT										
108 MIAMI FL 33186			108 MIAMI FL 33186									
WILMAN I E GC	3,00		14117 444								<b>FI</b>	
2. Principal P	lace of Busin	ness	3. Mailing Address				· ·					
Suite, Apt. #, etc.			Suite, Apt #, etc.					MOORE CR2E034 (11/03)				
City & State			City & State			4. 8	56-2307598		No	olied For Applicable		
Zıp	Zip Country		Zip Cou		Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere				7, N	Name and Address of New Regis	tered A	gent	<del></del>	
A 1 10	DIA DENII	TEZ CDA DA				Name						
389	6 SW 10					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33165						•						
						City FL Zip				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 .	Signature, typed	or printed name of registered agen	and title if app	plicable. (NO)	E Registere	d Agent signature requi	red when re	einstating)	DATE		<u></u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financi Trust Fund Contribution.	ng 🗀		May Be to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.		ΑĹ	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	IN 11	
TITLE	Р		*	☐ Delete	TITL					Change	☐ Addition	
NAME	NAME LIMA, BIENVENIDA C STREET ADDRESS 13701 SW 66 ST # 111B				IE EET ADDRESS		H000000044470					
CITY-ST-ZIP MIAMI FL 33183						'-ST-ZIP		U00000044478 02/11/04-80023-001 150.00				
TITLE				Delete	TITL	E .		War Aar O F Distar	4 4 23 5.1.	☐ Change	Addition	
NAME					1E							
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP	ļ					(-ST-ZIP				Channa	☐ Addition	
TITLE NAME				☐ Delete	TITL NAA	3				☐ Change	Modition	
STREET ADDRESS						FET ADDRESS						
CITY+ST-ZIP		- 111			CIT	(-ST-ZIP						
TITLE				☐ Delete	thr	i				Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP						7-51-2IP						
TITLE	<del>                                     </del>			☐ Delete	TOTA	£	· <del></del>			☐ Change	Addition	
NAME					NAM	VE						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	ļ					Y-ST-ZIP				Change	Addition	
TITLE NAME				☐ Delete	TITL					CT CHANGE	L_3 Addition	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						Y-ST-ZIP						
12. I hereby indicated of the co-	certify that the control on this reportation or it, or on an at	ne Information supplied wi ort or supplemental report the receiver or trustee em tachment with an address	th this filing is true and powered to with all of	does not qualify for accurate and that execute this report her like empowered	or the exe my signa t as requ d.	emption stated in ature shall have the ired by Chapter 6	Section ne same 307, Flor	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath, ida Statutes; and that my name ap	her cert , that I a pears in	ify that the ir m an officer Block 10 or	nformation or director Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

- TILED