2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 03, 2005 08:00 AM Secretary of State **DOCUMENT # P03000002466** 1. Entity Name ATI IMPORTS, INC. Principal Place of Business Mailing Address 17040 SW 48 ST 17040 SW 48 ST **DAVIE, FL 33331 DAVIE, FL 33331** CR2E034 (10/03) No Cho-P 04282005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0813587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE PEREZ, R. FRANK NAME 17040 SW 48 ST STREET ADDRESS CITY-SY-ZIP **DAVIE, FL 33331** U00000358936 05/04/05-80135-013 150.00 ntle NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. (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:

ME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED N

Date

Daytime Phone #