# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

**FILED**
**May 27, 2004 8:00 am**
**Secretary of State**
04-28-2004 90304 004 ***150.00

DOCUMENT # P03000011399

1. Entity Name
A.T.S. FAMILY ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5640 NORTHWEST 115TH COURT<br>SUITE 106<br>MIAMI, FL 33178 | 5640 NORTHWEST 115TH COURT<br>SUITE 106<br>MIAMI, FL 33178 |

04252004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10750 NW 52nd Street<br>Suite, Apt. #, etc. | 10750 NW 52nd Street<br>Suite, Apt. #, etc. |
| City & State: Miami, FLA | City & State: Miami, FLA |
| Zip: 33178 Country: USA | Zip: 33178 Country: USA |

4. FEI Number: 56-281-3563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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: NMcNeil 4-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCNEIL, NATHALIE<br>5640 NORTHWEST 115TH COURT, SUITE 106<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MCNEIL, JOHN PATRICK<br>5640 NORTHWEST 115TH COURT, SUITE 106<br>MIAMI, FL 33178 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>DIAZ, BRENDA JOYCE<br>5640 NORTHWEST 115TH COURT, SUITE 106<br>MIAMI, FL 33178 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** NMcNeil 4-23-04 305-776-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #