2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 90712 019 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000013343

1. Entity Name
ATMOSPHERE IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
7525 EAST TREASURE DR. SUITE 9 P N BAY VILLAGE FL 33141	7525 EAST TREASURE DR. SUITE 9 P N BAY VILLAGE FL 33141

2. Principal Place of Business	3. Mailing Address
7501 EAST TREASURE DR.	7501 EAST TREASURE DR.
Suite, Apt. #, etc. 9E.	Suite, Apt. #, etc. 9E
City & State N BAY VILLAGE FL 33141	City & State N. BAY VILLAGE FL. 33141
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 57-1166029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DIAZ, RODOLFO~~
7525 EAST TREASURE DR.
SUITE 9 P
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name: DIAZ, RODOLFO
Street Address (P.O. Box Number is Not Acceptable): 7501 E. TREASURE DRIVE #9E.
City: NORTH BAY VILLAGE FL Zip Code 33141

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) DATE

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 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 DIAZ, RODOLFO 7525 EAST TREASURE DR. SUITE 9 P N BAY VILLAGE FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. DIAZ, RODOLFO 7501 E. TREASURE DR, SUITE 9E. NORTH BAY VILLAGE FL. 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARBOLEDA, ANDREA M 7525 EAST TREASURE DR. SUITE 9 P N BAY VILLAGE FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD. ARBOLEDA, ANDREA M. 7501 E. TREASURE DR. SUITE 9E NORTH BAY VILLAGE FL. 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: ______ 04/29/04 3053058868.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #