


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**


04-26-2006 90191 037 \*\*\*150.00

<b>DOCUMENT # P03000035026</b> 1. Entity Name ATHLETIC TENNIS ACADEMY, INC.	
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Principal Place of Business 1455 NW 107TH AVE #596 MIAMI, FL 33172	Mailing Address 9365 FONTAINEBLEAU BLVD APT E238 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**

40063147



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0068966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  RECORDKEEPING SOLUTIONS, INC. 1865 KENNEDY CSWY #5-G NORTH BAY VILLAGE, FL 33141	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

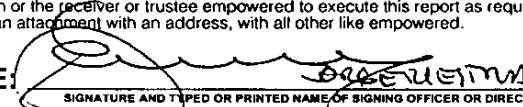
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIESTRA, JORGE 9365 FONTAINEBLEAU BLVD., STE. E-238 MIAMI, FL 33172
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **03/03/06** **(305)6889694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #