


FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 024 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

94002073

DOCUMENT # P03000092097 1. Entity Name ATTACH COMMUNICATIONS CORP.	
--	---

Principal Place of Business 17200 SW 121ST AVE. MIAMI, FL 33177	Mailing Address 17200 SW 121ST AVE. MIAMI, FL 33177
--	--

2. Principal Place of Business 17200 SW 121ST AVE	3. Mailing Address 3101 SW 92 AVE
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State MIAMI FL	City & State MIAMI FL
---------------------------------	---------------------------------

Zip 33177	Country USA	Zip 33165	Country USA
---------------------	-----------------------	---------------------	-----------------------



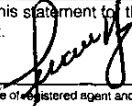
01082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0170101	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HERNANDEZ, LUANI 17200 SW 121ST AVE. MIAMI, FL 33177	7. Name and Address of New Registered Agent Name NIERI GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1105 W 76 ST APT 37A City MIAMI FL Zip Code 33014
---	--

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:  DATE: _____

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUANI	NAME	
STREET ADDRESS	17200 SW 121ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	NIERI GONZALEZ
STREET ADDRESS		STREET ADDRESS	1105 W 76 ST APT 37A
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33014
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  _____

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