

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000097160

FILED
Apr 29, 2008
Secretary of State**Entity Name:** AATM, INC**Current Principal Place of Business:**5401 S. KIRKMAN RD.
SUITE 310
ORLANDO, FL 32819 US**New Principal Place of Business:**7616 SOUTHLAND BLVD
SUITE 108
ORLANDO, FL 32809 US**Current Mailing Address:**5401 S. KIRKMAN RD.
SUITE 310
ORLANDO, FL 32819 US**New Mailing Address:****FEI Number:** 20-0204848 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CESAR GALLARDO
5401 S. KIRKMAN RD
310
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PTD () Delete
Name: GALLARDO, CESAR
Address: 5401 S. KIRKMAN RD SUITE 310
City-St-Zip: ORLANDO, FL 32819**Title:** MGR () Delete
Name: SCOTT, DAN
Address: 5401 S. KIRKMAN RD
City-St-Zip: ORLANDO, FL 32819**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR GALLARDO

PDT

04/29/2008

Electronic Signature of Signing Officer or Director_____
Date