

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103960

Entity Name: ATICO HOLDINGS BRAZIL, INC.

FILED
Aug 26, 2009
Secretary of State

Current Principal Place of Business:

501 S. ANDREW AVE.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O PAULO MIRANDA
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0291007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULLIVAN, J D
Address: 501 S. ANDREW AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: DP () Delete
Name: THOMAS, NICHOLAS M
Address: 501 S. ANDREW AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: DVPT () Delete
Name: BONET, NOEL
Address: 501 S. ANDREW AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: SUTKER, MARTIN
Address: 501 S. ANDREW AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DS () Delete
Name: MIRANDA, PAULO
Address: ONE S.E. 3RD AVENUE, 28TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAULO MIRANDA

DS

08/26/2009

Electronic Signature of Signing Officer or Director

_____ Date