


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90166 016 ***150.00

DOCUMENT # P03000105651

1. Entity Name
 A T P L CORP.



Principal Place of Business
 C/O SOFIA POWELL-COSIO P.A.
 1900 S.W. 3RD AVENUE
 MIAMI, FL 33129

Mailing Address
 C/O SOFIA POWELL-COSIO P.A.
 1900 S.W. 3RD AVENUE
 MIAMI, FL 33129



2. Principal Place of Business
 7105 SW 8 ST
 Suite, Apt. #, etc. 309

3. Mailing Address
 7105 SW 8 ST
 Suite, Apt. #, etc. 309

04272004 Chg-P CR2E034 (10/03)

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip 33144 Country

Zip 33144 Country

4. FEI Number
 20-0483414

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL-COSIO, SOFIA P.A.
 1900 S.W. 3RD AVENUE
 MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name
 GLORIA P. GOMEZ

Street Address (P.O. Box Number is Not Accepted)
 7105 SW 8 ST
 STE 309

City MIAMI FL Zip 33144

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 *Gloria Gomez*

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ OSORIO, GLORIA P 1000 ISLAND BLVD. #1506 AVENTURA, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	7105 SW 8 ST, STE 309 MIAMI FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gloria Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/28/09

DATE

DAYTIME PHONE #: (305) 226-3443

DAYTIME PHONE #