

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000052115

1. Entity Name
ATLAS INTERNATIONAL TRADER, INC



Principal Place of Business
9032 NW 12 STREET
MIAMI, FL 33172

Mailing Address
9032 NW 12 STREET
MIAMI, FL 33172



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0907860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTEAGA, ARACELI
350 NW 152 AVENUE
PEMBROKE PINES, FL 33028

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000910033
05/05/08-80092-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARTEAGA, ARACELI
STREET ADDRESS 350 NW 152 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD
NAME VALCARCE, VINCENTE
STREET ADDRESS 350 NW 152 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-08

Date

305-6409883

Daytime Phone #