

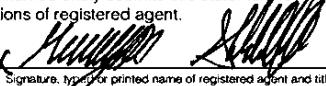
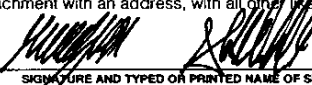


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 014 ***158.75

DOCUMENT # P04000062134													
1. Entity Name ATALAR TRADING, CORP.													
Principal Place of Business 8910 N.W. 78TH COURT 329 TAMARAC, FL 33321			Mailing Address 8910 N.W. 78TH COURT 329 TAMARAC, FL 33321										
2. Principal Place of Business 10 SE CENTRAL PKWY Suite, Apt. #, etc. 309 City & State STUART FL Zip 34994 Country USA		3. Mailing Address 10 SE CENTRAL PKWY Suite, Apt. #, etc. 309 City & State STUART, FL Zip 34994 Country USA		50063587 									
6. Name and Address of Current Registered Agent ATALAR, HUSEYIN 8910 N.W. 78TH COURT 329 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name ATALAR, HUSEYIN Street Address (P.O. Box Number is Not Acceptable) 173 NW SWAN Mill Cir City Port. Saint Lucie FL Zip Code 34986									
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: _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
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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 life empowered. SIGNATURE:  DATE: _____ DAYTIME PHONE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													