


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 Mailing Address

8910 N.W. 78TH COURT **8910 N.W. 78TH COURT**
329 **329**
TAMARAC, FL 33321 **TAMARAC, FL 33321**

2. Principal Place of Business 3. Mailing Address

10 SE CENTRAL PKWY **10 SE CENTRAL PKWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
309 **309**


City & State City & State

STUART FL **STUART FL**

Zip Country Zip Country

34994 USA **34994 USA**

50063587



07102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

22-3900689 Not Applicable

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

6. Name and Address of Current Registered Agent

ATALAR, HUSEYIN
8910 N.W. 78TH COURT
329
TAMARAC, FL 33321

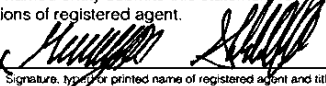
7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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.

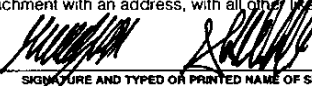
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ATALAR, HUSEYIN	
STREET ADDRESS	8910 N.W. 78TH COURT, #329	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	173 NW SWAN Mill Cir	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. P. KARIN ZAVALA	
STREET ADDRESS	173 NW SWAN Mill Cir	
CITY-ST-ZIP	PORT, ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 persons empowered.

SIGNATURE:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR