

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90132 047 \*\*\*150.00

**DOCUMENT # P04000088943**

1. Entity Name  
**A. T. PLUS OF ORLANDO, CORP**



Principal Place of Business  
**7061 GRAND NATIONAL DR 128 M  
SUITE 142  
ORLANDO, FL 32819**

Mailing Address  
**7061 GRAND NATIONAL DR 128 M  
SUITE 142  
ORLANDO, FL 32819**

**40048278**



2. Principal Place of Business  
**7061 GRAND NATIONAL DR**

3. Mailing Address  
**7061 GRAND NATIONAL DR**

Suite, Apt. #, etc.  
**SUITE 105K**

Suite, Apt. #, etc.  
**SUITE 105K**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32819**

Country

Zip  
**32819**

Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**70-1218566** **20-1218566** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**D'AJUDA D PINHEIRO, MARIA  
7061 GRAND NATIONAL DR  
SUITE 142  
ORLANDO, FL 32819**

## 7. Name and Address of New Registered Agent

Name  
**D'AJUDA D. PINHEIRO MARIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7061 GRAND NATIONAL DR  
SUITE 105K  
ORLANDO FL 32819**

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

**04/11/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**DP  
D'AJUDA D PINHEIRO, MARIA  
4436 SPRING BLOSSOM DR  
KISSIMMEE, FL 34746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
CESAR, NUEZA MIRANDA  
1102 NW 130 AVE  
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 reports 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/11/06**