

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091458

FILED
May 04, 2007
Secretary of State

Entity Name: AMERICAN TRADING NETWORK, INC.

Current Principal Place of Business:

7311 NW 12 ST
SUITE #5
MIAMI, FL 331263132

New Principal Place of Business:

Current Mailing Address:

7311 NW 12 ST
SUITE #5
MIAMI, FL 331263132

New Mailing Address:

FEI Number: 14-1910602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, LEONEL
532 MADEIRA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, LEONEL
Address: 532 MADEIRA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: OSORIO, ARIEL
Address: CRA 21 #30-03 APT 505
City-St-Zip: MANIZALES COLOMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONEL A. SANCHEZ

PRE

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date