


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90394 043 \*\*\*150.00

<b>DOCUMENT # P05000036639</b> 1. Entity Name <b>ATW EXPORT - IMPORT INC.</b>					
Principal Place of Business <b>2335 NW 107TH AVE 2 M 57 BOX 65 MIAMI, FL 33172</b>			Mailing Address <b>2335 NW 107TH AVE 2 M 57 BOX 65 MIAMI, FL 33172</b>		
2. Principal Place of Business - No P.O. Box # <b>P.O. Box 33322-7486</b>		3. Mailing Address <b>P.O. Box 33322-7486</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Doral. FL</b>		City & State <b>Doral. FL</b>		4. FEI Number <b>20-2584139</b>	
Zip <b>33172</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATHIEU, RICARDO 8897 FONTAINEBLEAU BLVD APT 309 MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>Ricardo Mathieu</b> Street Address (P.O. Box Number is Not Acceptable) <b>1650 W 44th PL APT 115 B</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>			
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 <b>Ricardo Mathieu</b> <span style="float: right;">04-27-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABRI, GIANCARLO 8897 FONTAINEBLEAU BLVD APT 309 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ricardo Mathieu P.O. Box 33322-7486 Doral. FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, JORGE 8897 FONTAINEBLEAU BLVD APT 309 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHIEU, RICARDO 8897 FONTAINEBLEAU BLVD APT 309 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE: Ricardo Mathieu</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04-27-07</b> <b>305-921-0840</b> <small>Date Daytime Phone #</small>		

40007106



04262007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable