


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90004 018 ***150.00

DOCUMENT # P05000044724	
1. Entity Name ATNESS CAPITAL CORPORATION	

Principal Place of Business 80 S.W. 8TH ST. SUITE 2000 MIAMI, FL 33130	Mailing Address 80 S.W. 8TH ST. SUITE 2000 MIAMI, FL 33130
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60015333

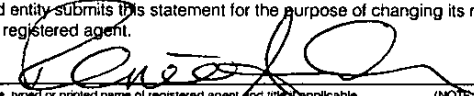


2. Principal Place of Business 80 SW 8 St. Suite, Apt. #, etc. Suite 2000, Unit 68 City & State Miami, FL 33130 Zip 33130 Country USA	3. Mailing Address 80 SW 8 St. Suite, Apt. #, etc. Suite 2000, Unit 68 City & State Miami, Florida Zip 33130 Country USA
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01202006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1663901		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARTIN, MIGUEL A 848 BRICKELL AVE STE 830 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Renee Adwar, Esq. Street Address (P.O. Box Number is Not Acceptable) M.A. Martin & Associates, P.A 848 Brickell Ave., #830 City Miami FL Zip Code 33131

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: **2/9/06**

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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CATHARINO DEOLIVERIA, VICTOR HUGO V 801 BRICKELL BAY DR BOX #16 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Catharino de Oliveira, Victor Hugo 80 SW 8 St, Suite 2000, Unit 68 Miami, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CATHARINO DEOLIVERIA, JOSE RICARDO 801 BRICKELL BAY DR BOX #16 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Catharino de Oliveira, Jose Ricardo 80 SW 8 Street, Suite 2000, Unit 68 Miami, FL 33130 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  **20 Jan - 2006 (305)374-4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #