

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000044724

1. Entity Name
ATNESS CAPITAL CORPORATION



Principal Place of Business

**1395 BRICKELL AVE.
SUITE 720
MIAMI, FL 33131**

Mailing Address

**1395 BRICKELL AVE.
SUITE 720
MIAMI, FL 33131**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1663901	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**ADWAR, RENEE ESQ
848 BRICKELL AVE STE 830
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CATHARINO DEOLIVERIA, VICTOR HUGO V
STREET ADDRESS	1395 BRICKELL AVE. STE. 720
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	VP
NAME	CATHARINO DEOLIVERIA, JOSE RICARDO
STREET ADDRESS	1395 BRICKELL AVE. STE. 720
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
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NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08

Date

**305 374
4422**

Daytime Phone #