

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90147 041 ***150.00

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1. Entity Name

ATO-ERNESPRISE, INC.



Principal Place of Business

**1555 WEST 44TH PLACE STE 251 B
HIALEAH FL 33012**

Mailing Address

**1555 WEST 44TH PLACE STE 251 B
HIALEAH FL 33012**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 22934

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

Hialeah, Florida

4. FEI Number

20-4353589

Applied For

Not Applicable

Zip

Country

Zip

Country

33002

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALGUERA, ERNESTO
1555 WEST 44TH PLACE STE 251 B
HIALEAH FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **GALGUERA, ERNESTO**
STREET ADDRESS **1555 WEST 44TH PLACE STE 251 B**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

President

04/14/06

(786) 271-2442

Date

Daytime Phone #