

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052382

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: ATS MANAGEMENT & APPRAISAL SERVICE, INC.

**Current Principal Place of Business:**

2355 SW 36 AVE  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

1172 S DIXIE HWY  
PMB 285  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 65-0499367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUAREZ, AMANDO  
2355 SW 36 AVE  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUAREZ, AMANDO T.  
Address: 2355 SW 36 AVENUE  
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete  
Name: SUAREZ, MARA REY  
Address: 2355 SW 36 AVE  
City-St-Zip: MIAMI, FL 33145

**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: AMANDO SUAREZ

PRES

03/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date