

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012824

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: ATAJJE, INC.

## Current Principal Place of Business:

14217 THIRD STREET  
DADE CITY, FL 33523

## New Principal Place of Business:

## Current Mailing Address:

1302 W SLIGH AVE  
SUITE A  
TAMPA, FL 33604

## New Mailing Address:

FEI Number: 59-3387314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENFELDER, GLENN  
14217 THIRD STREET  
DADE CITY, FL 33523

## 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: NORIEGA, ARTHUR IV  
Address: 8637 CHADWICK DRIVE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: GREENFELDER, GAIL  
Address: 36601 ST. JOE ROAD  
City-St-Zip: DADE CITY, FL 33325

Title: TD ( ) Delete  
Name: JIMENEZ, JAMES A  
Address: 1302 W. SLIGH AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: ACEBO, ALBELARDO  
Address: 6050 JET PORT INDUSTRIAL BLVD  
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete  
Name: JACKSON, EDWARD  
Address: 6050 JET PORT INDUSTRIAL BLVD  
City-St-Zip: TAMPA, FL 33634

Title: PD ( ) Delete  
Name: GREENFELDER, GLENN  
Address: 14217 THIRD ST  
City-St-Zip: DADE CITY, FL 33523

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: NORIEGA, ARTHUR IV  
Address: 8637 CHADWICK DRIVE  
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES A JIMENEZ

Electronic Signature of Signing Officer or Director

TREA

04/23/2004

Date