


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90138 013 ***150.00

DOCUMENT # P95000034471

1. Entity Name
A.T.J. CORPORATION



Principal Place of Business
**409 SE 1ST AVE
 FLORIDA CITY, FL 33034**

Mailing Address
**409 SE 1ST AVE
 FLORIDA CITY, FL 33034**

50008923

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0586369

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PORCE, SE
 1273 NW SPRUCE RIDGE DR
 STUART, FL 34994**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PATEL, DAYABHAI
STREET ADDRESS	2365 SE 7TH PLACE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	P
NAME	PATEL, PREMSARAN
STREET ADDRESS	2712 AUGUSTA DR
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	T
NAME	SANJAYKUMAR, PATEL S
STREET ADDRESS	2204 SE 24TH PLACE
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	S
NAME	PATEL, BHARTI P
STREET ADDRESS	2712 AUGUSTA DR.
CITY-ST-ZIP	HOMESTEAD, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: S. Patel **SANJAYKUMAR . S. PATEL** 1/25/05 1-305-2189389

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