


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000034471

1. Entity Name
A.T.J. CORPORATION




FILED
07 AUG 27 PM 3: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



08232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
00 0586369 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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City State Zip Code
FL

8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and date, if applicable. (NOTE: Registered agent's signature required when re-registering)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS IN 10	
<p>TITLE: V <input type="checkbox"/> Delete</p> <p>NAME: PATEL, DAYABHAI</p> <p>STREET ADDRESS: 2365 SE 7TH PLACE</p> <p>CITY-ST-ZIP: HOMESTEAD, FL 33033</p>	<p>TITLE: ASST VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME: TEENA P PATEL</p> <p>STREET ADDRESS: 2736 SILVER RIVER TR</p> <p>CITY-ST-ZIP: ORLANDO FL 32828</p>		
<p>TITLE: P <input type="checkbox"/> Delete</p> <p>NAME: PATEL, PREMSARAN</p> <p>STREET ADDRESS: 2712 AUGUSTA DR</p> <p>CITY-ST-ZIP: HOMESTEAD, FL 33034</p>	<p>TITLE: ASST SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME: JILNA S J. JASANI</p> <p>STREET ADDRESS: 2890 QUANTUM LAKES DR</p> <p>CITY-ST-ZIP: BOYNTON BEACH FL 33426</p>		
<p>TITLE: T <input type="checkbox"/> Delete</p> <p>NAME: SANJAYKUMAR, PATEL S</p> <p>STREET ADDRESS: 1939 SE 24TH TERR</p> <p>CITY-ST-ZIP: HOMESTEAD, FL 33035</p>	<p>TITLE: ASST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>NAME: AMAR P PATEL</p> <p>STREET ADDRESS: 411 SE 1ST AVE</p> <p>CITY-ST-ZIP: FLORIDA CITY, FL 33034</p>		
<p>TITLE: S <input type="checkbox"/> Delete</p> <p>NAME: PATEL, BHARTI P</p> <p>STREET ADDRESS: 2712 AUGUSTA DR.</p> <p>CITY-ST-ZIP: HOMESTEAD, FL 33034</p> <p style="text-align: right; font-size: 2em;"><i>8/29</i></p>	<p>TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>		
<p>TITLE: _____ <input type="checkbox"/> Delete</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	<p>TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>		
<p>TITLE: _____ <input type="checkbox"/> Delete</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>	<p>TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY-ST-ZIP: _____</p>		

12. I hereby certify that the information supplied with this form does not comply with the exceptions 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 empowerments.

SIGNATURE: *[Signature]* **PREMSARAN PATEL** **8/25/07** **(305) 345 4542**

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