

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034471

FILED
Feb 12, 2009
Secretary of State

Entity Name: A.T.J. CORPORATION

Current Principal Place of Business:

409 SE 1ST AVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

409 SE 1ST AVE
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 65-0586369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORCE, SE
1273 NW SPRUCE RIDGE DR
STUART, FL 34994 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: V () Delete
Name: PATEL, BHARTI P
Address: 2712 AGUSTA DR
City-St-Zip: HOMESTEAD, FL 33035

Title: P () Delete
Name: PATEL, PREMSARAN
Address: 2712 AUGUSTA DR
City-St-Zip: HOMESTEAD, FL 33034

Title: T () Delete
Name: SANJAYKUMAR, PATEL S
Address: 1939 SE 24TH TERR
City-St-Zip: HOMESTEAD, FL 33035

Title: S () Delete
Name: PATEL, AMAR P
Address: 2712 AUGUSTA DR.
City-St-Zip: HOMESTEAD, FL 33034

Title: AV () Delete
Name: PATEL, TEENA P
Address: 2736 SILVER RIVER TR
City-St-Zip: ORLANDO, FL 32828

Title: AS () Delete
Name: JASANI, JILNA J
Address: 2890 QUANTUM LAKES DR
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SANJAYKUMAR S PATEL

T

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date