


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90045 011 ***150.00

DOCUMENT # P97000070248	
1. Entity Name ATLAS BAKERY MACHINERY CO., INC.	

Principal Place of Business 4980 SW 52 ST SUITE 105 DAVIE, FL 33314	Mailing Address 4980 SW 52 ST SUITE 105 DAVIE, FL 33314
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2. Principal Place of Business 11689 CASTELLON CT	3. Mailing Address P.O. BOX 740223
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOYNTON BEACH FL	City & State BOYNTON BEACH, FL
Zip 33437	Zip 33474
Country USA	Country USA



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0780630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUCZYNER, GIDEON 20515 EAST COUNTRY CLUB DRIVE SUITE 1448 AVENTURA, FL 33180	
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7. Name and Address of New Registered Agent Name GIDEON BUCZYNER Street Address (P.O. Box Number is Not Acceptable) 11689 CASTELLON CT. City BOYNTON BEACH FL Zip Code 33437	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCZYNER, GIDEON 20515 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCZYNER, GIDEON 11689 CASTELLON CT BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCZYNER, JANE 20515 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCZYNER, JANE 11689 CASTELLON CT. BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jane Buczyner - JANE BUCZYNER 4/10/05 561-752-2007
DATE