
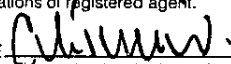



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90004 016 \*\*\*150.00

<b>DOCUMENT # P97000089696</b> 1. Entity Name <b>ATTICO, INC.</b>			
Principal Place of Business <b>1607 N.W. 84 AVENUE</b> <b>CORAL GABLES, FL 33146 US</b>		Mailing Address <b>1607 N.W. 84 AVENUE</b> <b>CORAL GABLES, FL 33146 US</b>	
2. Principal Place of Business <b>1411 N.W. 84 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1411 N.W. 84 Avenue</b> Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b> Zip <b>33126</b> Country <b>USA</b>		City & State <b>Miami, Florida</b> Zip <b>33126</b> Country <b>USA</b>	
4. FEI Number <b>65-0790772</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JARANLIO, CARLOS</b> <b>848 BRICKELL KEY DRIVE</b> <b>APT 1403</b> <b>CORAL GABLES, FL 33146</b>		7. Name and Address of New Registered Agent Name <b>CARLOS E. JARANLIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 Brickell Key Blvd. Apt. 2509</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33131</b>	
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)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARANLIO, CARLOS E 848 BRICKELL KEY DRIVE APT 1403 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLOS E. JARANLIO 801 Brickell Key Blvd. Apt. 2509 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date <b>May 13, 2004</b> Daytime Phone # <b>305-553-9999</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			