

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90199 042 \*\*\*150.00

<b>DOCUMENT # P97000089696</b> 1. Entity Name ATTICO, INC.					
Principal Place of Business 1411 N.W. 84 AVENUE MIAMI, FL 33126 US			Mailing Address 1411 N.W. 84 AVENUE MIAMI, FL 33126 US		
2. Principal Place of Business 1401 N.W. 78 AV.		3. Mailing Address			
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number 65-0790772	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JARAMILLO, CARLOS E 801 BRICKELL KEY BLVD. APT. 2509 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name JARAMILLO, CARLOS E. Street Address (P.O. Box Number is Not Acceptable) 881 Ocean Drive, Apt. 4F City Key Biscayne FL Zip Code 33149	
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: <u>[Signature]</u> DATE: <u>5/9/05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME JARAMILLO, CARLOS E STREET ADDRESS 801 BRICKELL KEY BLVD., APT. 2509 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE President NAME JARAMILLO, CARLOS E. STREET ADDRESS 881 Ocean Drive Apt. 4F CITY-ST-ZIP Key Biscayne, FL 33149	<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5/9/05</u> Daytime Phone #: <u>(305) 593-9999</u>		