

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009253

Entity Name: AFTOM CORPORATION

FILED
May 29, 2009
Secretary of State

Current Principal Place of Business:

12555 BISCAYNE BLVD, STE 833
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD, STE 833
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0810512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THILEM, PAUL
11844 NW 11
HIALEAH, FL 330171 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSA, SAMUEL
Address: 1997 NE 150TH STREE
City-St-Zip: NORTH MIAMI, FL 33181

Title: V () Delete
Name: ATEHORTUA, LUCIA
Address: 1145 101 STREET APT 2
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAMUEL ROSA

TREA

05/29/2009

Electronic Signature of Signing Officer or Director

Date