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May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 011 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000079313			
1. Entity Name A T R AIRCRAFT TRANSPARENCIES REPAIR INC			
Principal Place of Business 4955 - 4975 EAST 10 AVE HIALEAH, FL 33013		Mailing Address 4955 - 4975 EAST 10 AVE HIALEAH, FL 33013	
2. Principal Place of Business		3. Mailing Address 3400 Coral Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 600	
City & State		City & State Miami Fla.	
Zip	Country	Zip	Country
33145 3053		33145 3053	
4. FEI Number 65-0863718		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ATR AIRCRAFT TRANSPARENCIES REPAIR 4955 - 4975 E. 10 AVE HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name RANGEL FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 3400 Coral Way # 600 City Miami FL 33145 3053	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4-19-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, RANGEL 4955 - 4975 E 10 AVE HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, FORTUNA 4955-4975 E 10 AVE HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Rangel Fernandez Pres 4-19-05 Date Daytime Phone #	

14015990



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