


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90017 027 ***158.75

DOCUMENT # P99000011744 1. Entity Name ATF MANAGEMENT SYSTEMS, INC.					
Principal Place of Business 9960 NW 116TH WAY SUITE 13 MIAMI, FL 33178-1175 5			Mailing Address 9960 NW 116TH WAY SUITE 13 MIAMI, FL 33178-1175 5		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0802002	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG 2100 SALXEDO STREET SUITE 300 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RAUL		NAME		
STREET ADDRESS	9960 NW 116 WAY, SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY, FL 33178		CITY-ST-ZIP		
TITLE	VDS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOTOLONGO, RAUL		NAME		
STREET ADDRESS	9960 NW 116 WAY, SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY, FL 33178		CITY-ST-ZIP		
TITLE	TDP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUSCO, EDUARDO		NAME		
STREET ADDRESS	9960 NW 116 WAY, SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY, FL 33178		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUSCO, JORGE		NAME		
STREET ADDRESS	9960 NW 116 WAY, SUITE 13		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____		RAUL SMITH		01/20/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	