2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90038 008 ***158.75

DOCUMENT # P99000011744

1. Entity Name
ATF MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
9960 NW 116TH WAY SUITE 13 MIAMI FL 33178-1175 5	9960 NW 116TH WAY SUITE 13 MIAMI FL 33178-1175 5

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
10741-10761 NW 89th Avenue	10741-10761 NW 89th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Gardens, FL	City & State: Hialeah Gardens, FL
Zip: 33018 Country: USA	Zip: 33018 Country: USA

4. FEI Number 65-0802002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$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): 2100 Salzedo Street

Suite 300

City: Coral Gables **FL** Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	VD SMITH, RAUL 9960 NW 116 WAY, SUITE 13 MEDLEY FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10741-10761 NW 89th Avenue Hialeah GArdens, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS SOTOLONGO, RAUL 9960 NW 116 WAY, SUITE 13 MEDLEY FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10741-10761 NW 89th Avenue Hialeah Gardens, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDP CUSCO, EDUARDO 9960 NW 116 WAY, SUITE 13 MEDLEY FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10741-10761 NW 89th Avenue Hialeah Gardens, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUSCO, JORGE 9960 NW 116 WAY, SUITE 13 MEDLEY FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10741-10761 NW 89th Avenue Hialeah Gardens, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: _____ 2/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #