2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000011744

1. Entity Name
ATF MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
10741-10761 NW 89TH AVENUE HIALEAH GARDENS, FL 33018	10741-10761 NW 89TH AVENUE HIALEAH GARDENS, FL 33018

DO NOT WRITE IN THIS SPACE

03042006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SMITH, RAUL
STREET ADDRESS	10741-10761 NW 89TH AVENUE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	VDS
NAME	SOTOLONGO, RAUL
STREET ADDRESS	10741-10761 NW 89TH AVENUE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	TDP
NAME	CUSCO, EDUARDO
STREET ADDRESS	10741-10761 NW 89TH AVENUE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	D
NAME	CUSCO, JORGE
STREET ADDRESS	10741-10761 NW 89TH AVENUE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date Daytime Phone #