
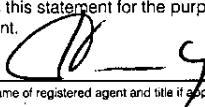
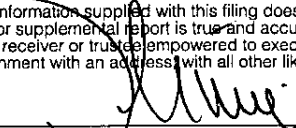


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90026 007 \*\*\*150.00

DOCUMENT # P99000063982					
1. Entity Name ATIAL CORP.					
Principal Place of Business 1001 BRICKELL BAY DR., STE. 2014 MIAMI, FL 33131			Mailing Address 1001 BRICKELL BAY DR., STE. 2014 MIAMI, FL 33131		
2. Principal Place of Business 3059 GRAND AVENUE Suite, Apt. #, etc. SUITE #330 City & State MIAMI, FL Zip 33133		3. Mailing Address 3059 GRAND AVENUE Suite, Apt. #, etc. SUITE #330 City & State MIAMI, FL Zip 33133			
Country		Country		04062004    Chg-P    CR2E034 (10/03)	
4. FEI Number 65-0985266		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  BARED, PABLO R ESQ 1500 SAN REMO AVE. #177 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name - ANGEL D. CORDOVA Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 AVENUE #416 City MIAMI FL Zip Code 33126		
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: 4/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	DVST ATENCIO, ALFREDO 1001 BRICKELL BAY DR., STE. 2014 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ATENCIO, ALFREDO 3059 GRAND AVENUE SUITE #330 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, CHRISTIAN 2947 CENTER ST MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			ALFREDO ATENCIO Date: 4/6/04    Daytime Phone #		