2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071251

1. Entity Name
ATINA OF MIAMI, INC.

Principal Place of Business	Mailing Address
1925 BRICKELL AVE STE D206 MIAMI, FL 33129	1925 BRICKELL AVE STE D206 MIAMI, FL 33129

2. Principal Place of Business
2100 W. 76 St
Suite, Apt. #, etc.
212
City & State
Hialeah, FL
Zip 33016　Country USA

3. Mailing Address
2100 W. 76 St
Suite, Apt. #, etc.
212
City & State
Hialeah, FL
Zip 33016　Country USA

02072006　Chg-P　CR2E034 (11/05)

4. FEI Number
65-0949452
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐　**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIAMI CORPORATE REGISTRY 1925 BRICKELL AVE STE D206 MIAMI, FL 33129	Name _____ Street Address (P.O. Box Number is Not Acceptable) 2100 W. 76 St # 212 City Hialeah 1　FL　Zip Code 33016

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

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		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUBE, ANA MARIA 2401 ANDERSON ROAD #5 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUBE, SOLOMON 2401 ANDERSON ROAD #5 CORAL GABLES, FL 33134	☐ 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 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: X _____　4-14-06　305-851-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #