

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000071251

FILED
Nov 28, 2007
Secretary of State**Entity Name:** ATINA OF MIAMI, INC.**Current Principal Place of Business:**2100 W 76 ST
212
HIALEAH, FL 33016**New Principal Place of Business:**2401 ANDERSON ROAD
UNIT 5
CORAL GABLES, FL 33134**Current Mailing Address:**2100 W 76 ST
212
HIALEAH, FL 33016**New Mailing Address:**2401 ANDERSON ROAD
UNIT 5
CORAL GABLES, FL 33134**FEI Number:** 65-0949452**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIAMI CORPORATE REGISTRY
2100 W 76 ST
#212
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**KUBE, ANA MARIA
2401 ANDERSON ROAD
UNIT 5
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANA MARIA KUBE

11/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KUBE, ANA MARIA
Address: 2401 ANDERSON ROAD #5
City-St-Zip: CORAL GABLES, FL 33134

Title: DP () Delete
Name: KUBE, SALOMON
Address: 2401 ANDERSON ROAD #5
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KUBE, ANA MARIA
Address: 2401 ANDERSON ROAD #5
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC (X) Change () Addition
Name: KUBE, SALOMON
Address: 2401 ANDERSON ROAD #5
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: KUBE, ALBINA
Address: 2401 ANDERSON ROAD #5
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES () Change (X) Addition
Name: KUBE, LUCIANA
Address: 2401 ANDERSON ROAD #5
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA MARIA KUBE

PRES

11/28/2007

Electronic Signature of Signing Officer or Director

Date