

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074576

FILED
Jan 30, 2004
Secretary of State

Entity Name: ATM INTEGRATED TECHNOLOGIES, INC.

Current Principal Place of Business:

1215 ORTEGA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1215 ORTEGA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0945607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASO, CARLOS R ESQ.
1300 CORAL WAY
SUITE 301
MIAMI, FL 33145

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLASCA, PETER A
Address: 1215 ORTEGA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FISCHER, JOHANNES P
Address: 2655 COLLINS AVE. SUITE 1601
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FISCHER, JOHANNES P
Address: 5601 COLLINS AVE APT 1716
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER CLASCA

D

01/30/2004

Electronic Signature of Signing Officer or Director

Date