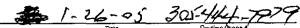
2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2005 08:00 AM Secretary of State DOCUMENT # P99000074576 * 1. Entity Name ATM INTEGRATED TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1215 ORTEGA AVENUE 1215 ORTEGA AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0945607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASO, CARLOS R ESQ. DO NOT WRITE 1300 CORAL WAY __ **SUITE 301** THIS SPACE MIAMI, FL 33145 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, typed or printed name of registered agent and fille if applicable. (NOTE 'Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 U000000203493 OFFICERS AND DIRECTORS 10. 01/29/05-80033-001 150.00 TITLE NAME CLASCA, PETER A STREET ADDRESS 1215 ORTEGA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME FISCHER, JOHANNES P STREET ADDRESS 5601 COLLINS AVE APT 1716 MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 effective or nuistee 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 a address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP



FILED