## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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## Mar 18, 2005 8:00 am Secretary of State DOCÚMENT # P01000062836 03-18-2005 90064 004 \*\*\*150.00 ATLANTIS PORCELAIN ART CORP. Principal Place of Business Mailing Address 3601 SW 1ST AVE. MIAMI FL 33145 3601 SW 1ST AVE. MIAMI FL 33145 20022597 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-1123921 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOEGE E MARTINEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 12415 SW 43 STREET MIAMI FL 33175 SW City 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 Spheliure, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Defete TITLE MARTINEZ, JORGE NAME NAME STREET ADDRESS 3601 SW 1ST AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME VALIOO, DAIRYS NAME 3601 SW 1ST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Change ☐ Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete TITLE ☐ Change ■ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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