2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037535

1. Entity Name ATLANTIC & 95. INC



FILED
Mar 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1909 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444 1909 WEAT ATLANTIC AVE DELRAY BEACH, FL 33444



03022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 33-1051471

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COHEN, NEIL B 1909 WEST ATLANTIC AVE DELRAY BEACH, FL 33444

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

			IN THIS STACE		
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 life if applicable. (NOTE, Registered Agent agreture required when renstating) OATE					
FILE NOW!II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution,	cing - []	\$5.00 May Be Added to Fees	U00000658218 03/15/07-80029-010 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAST, MAYNARD E 401 71ST STREET MIAMI BEACH, FL 33141				
TITLE NAME	VS COHEN, NEIL B				
STREET ADDRESS CITY-ST-ZIP	1909 W. ATLANTIC AVENUE DELRAY BEACH, FL. 33444				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME				IN .	THIS SPACE
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS CITY-S1-ZIP					
TITLE					
NAME	'		ľ		
STREET ADDRESS			4		•
CITY-ST-ZIP					
12. I hereby certily 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 certification 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 appowered.					