DO NOT WRITE IN THIS SPACE

## **2008 FOR PROFIT CORPORATION ·** → ANNUAL REPORT **DOCUMENT # P99000079080** 1. Entity Name ATLANTIC INVESTMENT ASSOCIATES, INC.

**FILED** Feb 27, 2008 08:00 AN Secretary of State

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Princi	pai M	ace o	i Bu:	siness

6741 VIA REGINA BOCA RATON, FL 33433 Mailing Address

PO BOX 812222 BOCA RATON, FL 33481



No Chg-P

02242008

4. FEI Number

CR2E034 (11/05)

Applied For

,	•			65-0950	139	Not App	licable
				5. Certificate	of Status Desired	\$8.75 Additions Fee Required	ıl
	6. Name and Address of Current Regis	tered Agent			** *!	1	. ;
NARIMISA, CYRUS R 6741 VIA REGINA BOCA RATON, FL 33433			DO NOT WRITE IN THIS SPACE				
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 little	if applicable. (NOTE: Registered	i Agent signature r	equired when reinstating)		DATE	-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550,00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	. 11 - 11 - 11		,
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P NARIMISA, CYRUS 6741 VIA REGINA BOCA RATON, FL 33433			\$	٠	. ,	*
TITLE NAME STREET ADDRESS CHY-ST-ZIP	V SAEED, REZAIE 6741 VIA REGINA BOCA RATON, FL 33433				0000008 03/07/08-8	40750 0004-024 150.	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WR		
NAME CARSET ADODESC				: IN 7	THIS SPA	CE	-

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

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CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT