


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 343553 1. Entity Name ATLANTIC CIVIL, INC.	
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Principal Place of Business 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156	Mailing Address 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1274059	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORCISE, STEVE
9350 S. DIXIE HIGHWAY
SUITE 1250
MIAMI, FL 33156

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TORCISE, STEVE SR. 17900 SW 288TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORCISE, ADELL 17960 SW 288TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORCISE, STEVE JR. 6800 SW 101ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TORCISE, RICK 18000 SW 288TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80069-004 158.75

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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.

SIGNATURE: *Steve Torcise* **4-22-05** **3056709610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #