

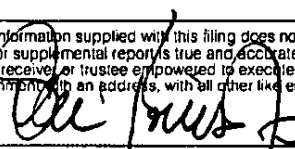
05-03-2005 90125038****61.25
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2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAY 26 PM 4:31

SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # 343553					
1. Entity Name ATLANTIC CIVIL, INC.					
Principal Place of Business 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156		Mailing Address 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1274059	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORCISE, STEVE 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	TORCISE, STEVE SR.		NAME		
STREET ADDRESS	17900 SW 288TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	TORCISE, ADELL		NAME		
STREET ADDRESS	17960 SW 288TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	TORCISE, STEVE JR.		NAME	P.D. TORCISE, STEVE JR.	
STREET ADDRESS	6800 SW 101ST STREET		STREET ADDRESS	6800 SW 101ST	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TORCISE, RICK		NAME		
STREET ADDRESS	18000 SW 288TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	VP, AS	
STREET ADDRESS			STREET ADDRESS	FRANK CARROLL	
CITY-ST-ZIP			CITY-ST-ZIP	1020 D. Circle Terrace EAST	
TITLE		☐ Delete	TITLE	Deleay Beh, FL	
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 reports 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: 			4-27-05 3056709610		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		