2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am Secretary of State **DOCUMENT # 345681** 1. Entity Name 02-25-2004 90028 019 ***150.00 ATLANTIC APARTMENTS, INC. Mailing Address Principal Place of Business 90 N.E. 19TH AVE. DEERFIELD BEACH FL 33441 90 NE 19TH AVE. 34411436 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-1385628 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOODBURN, MARYBETH Street Address (P.O. Box Number is Not Acceptable) 90 NE 19TH AVE., #10 ATALANTIC APARTMENTS INC. DEERFIELD BEACH FL 33441 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. **Addition** ☐ Change TITLE ☐ Delete TITLE PAUL VALENTI GOODBURN, MARYBETH NAME NAME 90 N.E. 19TH AVE #14 STREET ADDRESS 90 NE 19 AVENUE #11 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP DEERFIELD BEACH, FL 33441 Delete TITLE Change ☐ Addition ΑT TITLE DOHERTY, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 90 NE 19TH AVE 8 DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ST NAME PUCCIA, LAUREN NAME STREET ADDRESS 90 NE 19 AVENUE #2 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP ΔS ☐ Change ☐ Addition ☐ Delete TITLE CARRETTA, FRANK NAME 90 NE 19 AVE 9 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP VP ☐ Change ☐ Addition TITLE Delete TITLE VALENTI, ALPHANSE NAME NAME 90 NE 19TH AVE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

And Leth Baselleure (Manyheth Goodhurn)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ン

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