2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # 345681 1. Entity Name ATLANTIC APARTMENTS, INC.					04-28-2006 90211 048 ***150.00				
Principal Place of Business Mailing Address			•		60031077				
90 N.E. 19TI	HAVE. BEACH, FL 33441	90 N.E. 19TH AVE. DEERFIELD BEACH, FL 33441			90021011				
DECKI ICLD I	JEACH, IC 33441	BEETI TEED BENGI, TE 33441			 	 TP E	. BIRII GIBM BIBII BIBIL BIBM BIB	18 68 (1) 1 16 1	
2. Principal Place of Business 3.		3. Mailing Address							
-				1 148184 11111	TE	i Atali Biari arali atali alan ala	1884+ U 1881		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Number			oplied For	
Zip Country		Zip Country			59-1385628 Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
-					ļ	+ -	Fee Require		
Name and Address of Current Registered Agent				lame	7. Name and Address of New Registered Agent				
HAMMEL, EDWARD S ESQ.				Street Address (P.O. Box Number is Not Acceptable)					
C/O SACHS, SAX & KLEIN, P.A. 301 YAMATO ROAD, SUITE 4150			L	Silver reduced (i.e. box realised in vitar recognition)					
BOCA RA						· ·			
			0	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 reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.									
10.	OFFICERS AND [11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME	V KOSLAGA, MARK	.GA. MARK		D			Change	Addition	
STREET ADORESS			STREET AC						
CITY - ST - ZIP			City-St-	ZIP	••			- Addition	
TITLÉ NAME	2000		TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET AC						
CITY-ST-ZIP			CITY-ST-	ZIP V -			5% Change	☐ Addition	
TITLE NAME	CARRETTA, FRANK	☐ Delete	NAMÉ	, J			Ç criange	☐ Addition	
STREET ADDRESS	90 NE 19TH AVE, #5		STREET AD						
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	Delete	CITY-ST-	- P			☐ Change	Addition A	
NAME	PUCCIA, ANTHONY J		NAME		HILIP DUHERIT				
STREET ADDRESS			STREET AC		ONE 1944 AVE # 15 DEERFIELD BEACH FL 33441				
CITY-ST-ZIP	P	Delete TITL		i ve	EKPIECE) IDE HCH	PL 33777 ☐ Change	Addition	
NAME	'ALENTI, PAUL NAW		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET AL						
TITLE	DECIMILED DEADILY IE COMMI	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET AL	4		• •			
	I certify that the information supplied with	this filing does not qualify for		1	d in Chapter 119,	Florida Statutes. I	further certify that the	nformation	

The location in a minimation supplied with this mining does not quality 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with full other like empowered.

SIGNATURE: SULLEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

585-381-4560x214