# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2008 8:00 am**
**Secretary of State**
03-31-2008 90016 023 ***150.00

DOCUMENT # 345681

1. Entity Name
ATLANTIC APARTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 90 N.E. 19TH AVE.<br>DEERFIELD BEACH, FL 33441 | 90 N.E. 19TH AVE.<br>DEERFIELD BEACH, FL 33441 |

03252008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1385628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HAMMEL, EDWARD S ESQ.<br>C/O SACHS, SAX & KLEIN, P.A.<br>301 YAMATO ROAD, SUITE 4150<br>BOCA RATON, FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 acce 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, 2008 Fee will be $550.00**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOSLAGA, MARK<br>90 NE 19 AVENUE #11<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>PUCCIA, LAUREN<br>90 NE 19TH AVE, #12<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CARRETTA, FRANK<br>90 NE 19TH AVE, #5<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LILVERSTEIN, GARY<br>90 NE 19TH AVE #1<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SILVERSTEIN, GARY | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>VALENTI, PAUL<br>90 N.E. 19TH AVE # 14<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addit |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addit |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatior 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 directc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lauren N. Puccia