

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 462729

1. Entity Name

ATLANTIS ENGINEERING AND TESTING, INC.



Principal Place of Business
374 N.E. 56TH STREET
MIAMI FL 33137

Mailing Address
374 N.E. 56TH STREET
MIAMI FL 33137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1556409**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GLITSOS, FILIP
374 N.E. 56TH STREET
MIAMI FL 33137

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
PTD
GLITSOS, FILIP
271 N SHORE DR
MIAMI BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP
D
BENNETT, MATHEW
5251 NW 30 PL
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP
VSD
GLITSOS, ISMINI
271 N. SHORE DR.
MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST - ZIP
☐ Delete

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CITY- ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP
☐ Change ☐ Addition
U000000717947
05/01/07-80002-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILIP GLITSOS, PRES. 4/17/2007 305 756-6230

Date

Daytime Phone #