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

DOCUMENT # 504912

1. Entity Name



FILED Apr 26, 2004 8:00 am Secretary of State

ATLANTIC GOOD SERVICES, INC.		04-26-2004 91001 050 **	130.00		
Principal Place of Business	Mailing Address				
ATLANTIC GOOD SERVICES INC. 3005-2027 NW 24TH ST MIAMI FL 33142 US ATLANTIC GOOD SERVICES INC. 3005-3037 NW 24TH ST MIAMI FL 33142 US					
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E034	(11/03)	
City & State	City & State		4. FEI Number 59-1768687	Applied For Not Applicable	
Zip Country	Zip	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ, ALMA C 3005-3037 NW 24TH ST MIAMI FL 33142		Name	Name		
		Street Address	(P.O. Box Number is Not Acceptable)		
10.10 (10.10 ft)					
		City	, FL	Zip Code	
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
	anaka a		1/2.1/	Ar I	
SIGNATURE Signature, typed or printed name of registered agei	ot and title if applicable (NOTE	: Registered Agent signature require	ad what rejections) 4011) 9	
Sugarantes a Raffichi (1980) dala manda manda mendantes del manda (1981). Per al menda (1981) del 2011,	The art of the art applicable.	negialete Agent signature require	ect when reasonably		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing	, \$5.00 мау Ве		
Make Check Payable to Florida Department	of State		Trust Fund Contribution.	Added to Fees	
10. OFFICERS AN	of State	11,	Trust Fund Contribution.		
10. OFFICERS ANI TITLE PSVP NAME SANCHEZ, GUILLERMO J. STREET ADDRESS 3005 N.W. 24 ST	of State	TITLE NAME STREET ADDRESS			
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR