

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 639633**

1. Entity Name  
**ATLANTIC NATIONAL DEVELOPMENT CORP.**



Principal Place of Business <b>301 ALMERIA AVE          SUITE 200          CORAL GABLES, FL 33134 US</b>	Mailing Address <b>301 ALMERIA AVE          SUITE 200          CORAL GABLES, FL 33134 US</b>
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1943528</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRAPPELL, ARNOLD  
 301 ALMERIA AVE  
 SUITE 200  
 CORAL GABLES, FL 33134**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ 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**

000000974878  
 04/11/08-80010-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAPPELL, ARNOLD 301 ALMERIA AVE - S-200 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAPPELL, MEL 301 ALMERIA -S-200 MIAMI, FL 33134
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**DO NOT WRITE  
 IN THIS SPACE**

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 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: *Mel Grappell* Date: 3/28/08 305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #