


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 009 ***158.75

DOCUMENT # F13733 1. Entity Name ATLANTIC MAGNETICS INC.					
Principal Place of Business 1480 SW 3RD ST. POMPANO BEACH, FL 33069 US			Mailing Address 1480 SW 3 ST. POMPANO BEACH, FL 33069 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2090401	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ENGEL, MAX P. 200 SE 6TH STREET #530-A FT LAUDERDALE, FL					
7. Name and Address of New Registered Agent Name BENJAMIN T. MALBY Street Address (P.O. Box Number is Not Acceptable) 660 LINTON BLVD #207 City DELRAY BEACH FL Zip Code 33444					
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] CPAs DATE 03-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CAMMARATA, EDWARD 3000 E. SUNRISE BLVD FORT LAUDERDALE, FL 333043323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, SCOTT 11201 NW 1ST PLACE CORAL SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, SCOTT 1795 E. EAGLE TRACE BLVD CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, SCOTT 1795 E. EAGLE TRACE BLVD CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, SCOTT 1795 E. EAGLE TRACE BLVD CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMPSON, SCOTT 1795 E. EAGLE TRACE BLVD CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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] Pres Date 4/1/04 Daytime Phone # 954-786-0199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

EDWARD CAMMARATA