
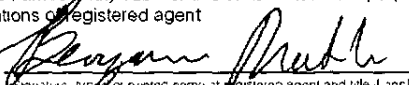



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 A
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2090401 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent MALTBY, BENJAMIN T 660 LINTON BLVD #207 DELRAY BEACH FL 33444			7. Name and Address of New Registered Agent 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 <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, type or printed name of registered agent and title, if applicable</small> </div> <div style="width: 40%; text-align: right;"> 2/2/05 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMMARATA, EDWARD		NAME	1100000253598	
STREET ADDRESS	3000 E. SUNRISE BLVD		STREET ADDRESS	03/07/05-80034-025 150.00	
CITY, ST, ZIP	FORT LAUDERDALE FL 33304-3323		CITY, ST, ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, SCOTT		NAME		
STREET ADDRESS	1795 E. EAGLE TRACE BLVD.		STREET ADDRESS		
CITY, ST, ZIP	CORAL SPRINGS FL 33071		CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		

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:

 **Edward Cammarata**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05
Date

954-786-0195
Daytime Phone #