

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # J62412

1. Entity Name
FLORIDA ATLANTIC STOCK TRANSFER, INC.



Principal Place of Business
7130 NOB HLL RD
TAMARAC, FL 33321 US

Mailing Address
7130 NOB HILL RD
TAMARAC, FL 33321 US



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2818374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, R
7130 NOB HILL RD
TAMARAC, FL 33321

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

000000902254
04/29/08-80102-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRELL, JAMES 7130 NOB HILL RD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, RENE 7130 NOB HILL RD TAMARAC, FL 33321
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

954-726-4954

Daytime Phone #