

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K43736

1. Entity Name  
ATLANTIC PORK & PROVISIONS, INC.



Principal Place of Business  
C/O SMITH & HULSEY  
1014-36 STANLEY AVENUE  
BROOKLYN, NY 11208 US

Mailing Address  
1014-36 STANLEY AVE  
BROOKLYN, NY 11208

2. Principal Place of Business  
Atlantic Pork & Provisions, Inc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222005

Chg-P

CR2E034 (10/03)

tk

4. FEI Number  
59-2918044

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CICALA, MARGE  
2446 ORCHARD BAY DR, #104  
NAPLES, FL 34109

## 7. Name and Address of New Registered Agent

Name  
Florida Filing & Search Service, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1333 North Duval Street

City  
Tallahassee FL Zip Code  
32303

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]*

3/4/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P  
ANTINORI, JACK ☐ Delete  
STREET ADDRESS  
9 EAST DRIVE  
CITY-ST-ZIP  
PLANDOME, NY

TITLE  
NAME  
DVP  
ROMEO, RON ☐ Delete  
STREET ADDRESS  
144-06 94TH AVE  
CITY-ST-ZIP  
JAMAICA, NY

TITLE  
NAME  
TS  
ANTINORI, SUSAN ☐ Delete  
STREET ADDRESS  
9 EAST DR  
CITY-ST-ZIP  
PLANDOME, NY

TITLE  
NAME  
AS  
ANTINOR, SUSAN ☐ Delete  
STREET ADDRESS  
9 EAST DR  
CITY-ST-ZIP  
PLANDOME, NY

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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 files empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/05

718-272-9550  
Daytime Phone #

FILED  
05 MAR -4 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

