


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K43736 1. Entity Name ATLANTIC PORK & PROVISIONS, INC.	
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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
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2918044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303

**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, 2006 Fee will be \$550.00**

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

U00000481081
04/11/06-80017-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTINORI, JACK 9 EAST DRIVE PLANDOME, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROMEO, RON 144-06 94TH AVE JAMAICA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ANTINORI, SUSAN 9 EAST DR PLANDOME, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANTINOR, SUSAN 9 EAST DR PLANDOME, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Jack Antinori 3/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #