

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2918044

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**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

U00000912606
.05/07/08-80087-001 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack Antinori

4/25/08

718-272-9530