


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-13-2005 90001 018 ***150.00

FILED
05 JUL 25 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K79906
1. Entity Name
ATLANTIC PACK, INC.



Principal Place of Business Mailing Address
7569 NW 70 ST 7569 NW 70 ST
MIAMI, FL 33166 MIAMI, FL 33166

2. Principal Place of Business 3. Mailing Address
7569 NW 70 ST **7569 NW 70 ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.



05092005 Chg-P CR2E034 (10/03)

City & State City & State
MIAMI FL. **MIAMI FL**
Zip Country Zip Country
33166 **MIAMI DADE** **33166** **MIAMI DADE**

4. FEI Number Applied For
65-0132784 Not Applicable

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, CARLOS, SR.
17600 N.W. 55 COURT
MIAMI, FL 33055

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.

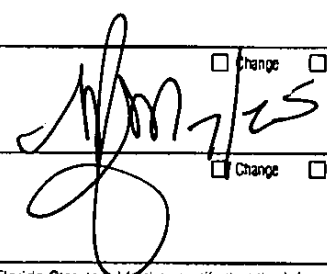
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, CARLOS, SR. 17600 N.W. 55 COURT MIAMI, FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, EDITH 17600 N.W. 55 COURT MIAMI, FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition



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 addresses, with all other like empowered.

SIGNATURE: **CARLOS A. RODRIGUEZ** Date: **06-06-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #