2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K99413

1. Entity Name

ATLANTIC RESOURCES OF MIAMI, INC.



Principal Place of Business

Mailing Address

1300 E. INTERNATIONAL SPEEDWAY DELAND, FL 32724

1300 E. INTERNATIONAL SPEEDWAY DELAND, FL 32724

FILED Feb 23, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02132007 4. FEI Number Applied For 65-0129855 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

COB, WILLIAM J

6. Name and Address of Current Registered Agent

1300 E. INTERNATIONAL SPEEDWAY DELAND, FL 32724

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				the second second second	The state of the second se
Signature, hybrid or period mane of registered agent and title applicable. (NOTE Registered Agent signature) required ententiatory) DATE	8. The above the obligat	named entity submits this statement for the plions of registered agent.	purpose of changing its regi	stered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
## State Now Hill FEE Is \$150.00 ## After May 1, 2007 Fee will be \$550.00 ## Added to Fees				istered Agent signature required when reinstating)	DATE
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12. Thereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Florida Statutes J. further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			and the second s	Control of the Contro

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 earl; 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:

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #