


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L56489**  
 1. Entity Name  
**ATLANTIC BOAT SERVICES INCORPORATED**



Principal Place of Business  
**2325 N.W. 149TH STREET**  
**OPA LOCKA, FL 33054**

Mailing Address  
**PO BOX 111120**  
**HIWALEAH, FL 33011-1120**



05062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0177774</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**GUIA, JORGE**  
**2325 N.W. 149TH STREET**  
**OPA LOCKA, FL 33054**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUIA, JORGE 2325 N.W. 149TH STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GUIA, MARTHA 2325 N.W. 149TH STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000159770  
 05/11/04-80001-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jorge L. Guia Jorge L. Guia 05/01/2004 (786)255-2859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #