


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L56489
 1. Entity Name
ATLANTIC BOAT SERVICES INCORPORATED



Principal Place of Business Mailing Address
2325 N.W. 149TH STREET **PO BOX 111120**
OPA LOCKA, FL 33054 **HIALEAH, FL 33011-1120**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0177774 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GUIA, JORGE
2325 N.W. 149TH STREET
OPA LOCKA, FL 33054

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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
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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 reports 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: _____ **3/1/06** **786-255-285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #