2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000006286

t. Entity Name
ATLANTIS ESTATE ACQUISITIONS, INC.



Mailing Address

12798 W FOREST HILL BLVD

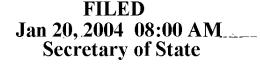
WELLINGTON, FL 33414

Principal Place of Business

12798 W FOREST HILL BLVD

DO NOT WRITE IN THIS SPACE

WELLINGTON, FL 33414





01082004

No Chg-P

CR2E034 (10/03)

4. FEl Number 65-0976105

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JIMENEZ, FRANCISCO 951 EVERGREEN DRIVE DELRAY BEACH, FL 33483

CITY-ST-ZIP

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_			· ***	
	Signature, typed or printed name of registered agent and lide i	if applicable. (NOTE Registered Ager	nt signature required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	· , , , , , ,	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, FRANCISCO 951 EVERGREEN DRIVE DELRAY BEACH, FL 33483			U00000007892 01/20/04-80042-023 150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filling 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 an address, with all other like empowered.

MAME OF SIGNING OFFICER OR DIRECTOR