

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90024 020 ***150.00

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1. Entity Name
ATLANTIC H&G TRADING CORP.



Principal Place of Business
**6301 BISCAYNE BLVD.
200
MIAMI, FL 33138**

Mailing Address
**6301 BISCAYNE BLVD.
200
MIAMI, FL 33138**

20064314



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1037337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEDUC, REJEAN
750 NE 62ND STREET
SUITE 210
MIAMI, FL 33138**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARDENNE, CHRISTOPHE
STREET ADDRESS 750 NE 62ND STREET, STE 210
CITY - ST - ZIP MIAMI, FL 33138

TITLE VSTD
NAME GRAFF, FABIAN
STREET ADDRESS 7001 E. TREASURE DR. #1022
CITY - ST - ZIP NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
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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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIAN GRAFF

1/21/05

305 762 5924

Date

Daytime Phone #