## **FILED 2004 FOR PROFIT CORPORATION** Apr 26, 2004 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P0000<del>0096</del>292 1. Entity Name ATLÁNTICRT INC. Mailing Address Principal Place of Business 2495 NW 35TH AVE 2495 NW 35TH AVE MIAMI, FL 33142 MIAMI, FL 33142 03252004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1047406 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBBER, CJ. DO NOT WRITE 2495 NW 35TH AVE MIAMI, FL 33142 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 **\$5.00** May Be U00000130486 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 04/26/04-80118-024 150.00 OFFICERS AND DIRECTORS 10. TITLE TALERICO, ALBERT M JR NAME 2495 NW 35TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR

Davishe Proofe # 27.3.2.

STREET ADDRESS CITY-ST-ZIP