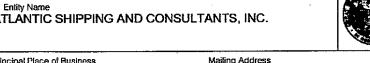
## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # P01000014907** 1. Entity Name ATLANTIC SHIPPING AND CONSULTANTS, INC. Principal Place of Business Mailing Address

**FILED** Sep 29, 2004 08:00 AM Secretary of State



1213 TANGELO ISLE 1213 TANGELO ISLE FT. LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315 No Chg-P CR2E034 (10/03) 09232004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1074230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SOPKIW, PAMELA K 1213 TANGELO ISLE FT. LAUDERDALE, FL. 33315 IN THIS SPACE 3. 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) Signature, typed or printed name of registered agent and title if applicable. DATE \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SOPKIW, PAMELA K NAME U00000172562 1213 TANGELO ISLE STREET ADDRESS 09/29/04-80001-005 150.00 CITY-ST-ZIP FT. LAUDERDALE, FL 33315 NAME SOPKIW, FRANK J 1213 TANGELO ISLE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33315 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET\_ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: \_

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR