

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90196 007 ***150.00

DOCUMENT # P01000043441

1. Entity Name
ATLANTIDA GROUP CORP.



Principal Place of Business
771 NORTH PINE ISLAND ROAD
SUITE 206
PLANTATION, FL 33328

Mailing Address
771 NORTH PINE ISLAND ROAD
SUITE 206
PLANTATION, FL 33328



2. Principal Place of Business
1380 NW 65 Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation, FL

City & State

33313

Country

Zip

Country

03112004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1100680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASA VALENCIA, ALEJANDRO J
771 NORTH PINE ISLAND ROAD #206
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FEE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CASA VALENCIA, ALEJANDRO J
771 NORTH PINE ISLAND ROAD SUITE 206
PLANTATION, FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CASA VALENCIA, SHARON L
771 N PINE ISLAND RD #206
PLANTATION, FL 33324

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 life empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #