

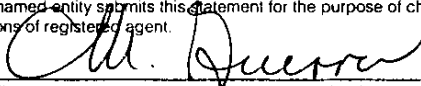
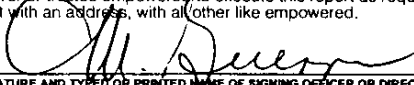


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90031 026 \*\*\*150.00

<b>DOCUMENT # P01000054937</b> 1. Entity Name <b>ATLANTIC GREEN CORP.</b>					
Principal Place of Business <b>3650 NW 115 AVENUE MIAMI, FL 33178</b>			Mailing Address <b>3650 NW 115 AVENUE MIAMI, FL 33178</b>		
2. Principal Place of Business - No P.O. Box # <b>1901 Brickell Ave</b>		3. Mailing Address <b>1901 Brickell Ave.</b>			
Suite/Apt. #, etc. <b>B2401</b>		Suite/Apt. #, etc. <b>B2401</b>			
City & State <b>Miami</b>		City & State <b>Miami</b>		01042008    Chg-P    CR2E034 (12/06)	
Zip <b>33129</b>		Country <b>USA</b>		4. FEI Number <b>65-1111173</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GUERRA, JOSE A 3650 NW 115 AVENUE MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent Name <b>Maria E. Guerra</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 Brickell Ave</b> <b>Suite B2401</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33129</b>		
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  DATE <b>1/7/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUERRA, MARIA E VP 3650 NW 115 AVENUE MIAMI, FL 33178		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			1/7/08    305-470-9366		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		