2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

| ANNUAL REPORT | | | | Secretary of State | | |
|--|---|--|------------------------------------|-------------------------------------|-----------------------------------|--|
| DOCUMENT # P01000063639 | | | | 03-17-2006 90124 007 ***150.00 | | |
| 1. Entity Name ATLANTIC RESTAURANT, INC. | | | | | | |
| | | | | | | |
| Principal Place of Business | | Mailing Address | .: ' | and the second second | | |
| 163 S. POMPANO PKWY | | 4611 JOHNSON RD | | ľ | | |
| POMPANO BEACH, FL 33069 | | #1 COCONUT CREEK, FL 33073 | | | | |
| | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03042006 Chg-P CR | 2E034 (11/05) | |
| City & State | | City & State | | 4. FEI Number 65-1113837 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Register | | |
| EILLO EDIVAR FERRAZ | | | Name | Name | | |
| FILHO, EDIVAR FERRAZ 163 S POMPANO PKWY POMPANO BEACH, FL 33069 | | Street Address | | (P.O. Box Number is Not Acceptable) | - | |
| FOMEANO BEACH, FE 33009 | | | | | | |
| | | | City | | 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 obligation | ns of registered agent. | | | | | |
| SIGNATURE | gnature, typed or printed name of registered agent a | nd tile if applicable /MOTE- | Registered Agent signature requir | ed when reinstating) DA | *F | |
| | gradus, typed of printed right of registered agent a | to main apprease. (NOTE. | Hodisteren wächt zich zinna redmit | ed when reinga(ing) | | |
| | NOW!!! FEE IS \$150.00 1, 2006 Fee will be \$550.0 | 9. Election Campaig Trust Fund Contrib | | 5.00 May Be Ided to Fees | | |
| 10. OFFICERS AND DIRECTO | | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 11 | |
| | PTD | ☐ Defete | TITLE | • | ☐ Change ☐ Addition | |
| | FILHO, EDIVAR FERRAZ 1611 JOHNSON RD #1 | | NAME STREET ADDRESS | | | |
| | COCONUT CREEK, FL | | CITY-ST-ZIP | | | |
| 1 | /PS | ☐ Delete | TITLE | | ☐ Change → ☐ Addition | |
| } I | FILHO, EDIVAR FERRAZ 1611 JOHNSON RD #1 | | NAME Street Address | | | |
| | COCONUT CREEK, FL | | CITY-ST-ZIP | | | |
| TITLE | | . Delete | TITLE | | Change Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | |
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| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
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| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE | | ☐ Oelete | TITLE | | ☐ Change ☐ Addition | |
| NAME CYDCCT ADDRESS | | | NAME AVESTA ARRESTO | | | |
| STREET ADDRESS | | | STREET ADDRESS | | I | |

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: SIGNATURE AND TYPED OR DINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 03-0B-06