


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000068037	
1. Entity Name ATLANTIC APPARELS USA INCORPORATED	

Principal Place of Business 1710 THOMAS STREET #12 HOLLYWOOD, FL 33020 US	Mailing Address 3144 BROADWAY SUITE #4, BOX 125 EUREKA, CA 95501 US
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DO NOT WRITE IN THIS SPACE



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3593947	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SULTANA, SHAMIMA 3057 NE 16TH AVENUE OAKLAND PARK, FL 33304	DO NOT WRITE 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NABI, MOHAMMAD A MURADPUR SITAKUND CHITTAGONG BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKTER, MOSAMMAT M MURADPUR SITAKUND CHITTAGONG BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABI, MOHAMMAD R MURADPUR SITAKUND CHITTAGONG BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABI, MOHAMMAD N MURADPUR SITAKUND CHITTAGONG BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. SAIF NEWAZ RABBI RAHAMANI CHOWMUHONI CHITTAGONG BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Shamima Sultana **04/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SHAMIMA SULTANA