

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90455 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3593947

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NABI, MOHAMMAD A
STREET ADDRESS	MURADPUR SITAKUND
CITY-ST-ZIP	CHITTAGONG BANGLADESH,
TITLE	VP
NAME	AKTER, MOSAMMAT M
STREET ADDRESS	MURADPUR SITAKUND
CITY-ST-ZIP	CHITTAGONG BANGLADESH,
TITLE	D
NAME	NABI, MOHAMMAD R
STREET ADDRESS	MURADPUR SITAKUND
CITY-ST-ZIP	CHITTAGONG BANGLADESH,
TITLE	D
NAME	NABI, MOHAMMAD N
STREET ADDRESS	MURADPUR SITAKUND
CITY-ST-ZIP	CHITTAGONG BANGLADESH,
TITLE	D
NAME	MR. SAIF NEWAZ RABBI RAHAMANI
STREET ADDRESS	CHOWMUHONI
CITY-ST-ZIP	CHITTAGONG BANGLADESH,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/05