

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000114025**

1. Entity Name  
**ATLANTIC ESCAPE HOLDINGS, INC.**



Principal Place of Business

**401 SW 42 AVE  
MIAMI, FL 33134**

Mailing Address

**P O BOX 21026  
FT LAUDERDALE, FL 33335**



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0623243**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUTECKI, HEATHER A  
C/O RUTECKI & ASSOCIATES, P.A.  
100 SE 2ND ST, 34TH FL  
MIAMI, FL 33131**

**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 reappointing)

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
DEMEO, RONALD  
401 SW 42 AVE  
MIAMI, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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1100000234566  
02/18/05-80026-005 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 14, 2005**

DATE

**305-613-7172**

DAYTIME PHONE #