2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/2/2

FILED
Jun 17, 2004 8:00 am
Secretary of State
06-02-2004 90003 023 ***150.00

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04182004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000115018

1. Entity Name
ATLANTIC FOOD, INC.

Principal Place of Business	Mailing Address
717 NW 4 STREET BOCA RATON, FL 33486	717 NW 4 STREET BOCA RATON, FL 33486

2. Principal Place of Business	3. Mailing Address
920 E. Atlantic Blvd	920 E. Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State: Pompano Beach
Zip: FL 33060 Country:	Zip: FL 33060 Country:

4. FEI Number: 16-1635271 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TASLIKLIOGLU, TARIK 717 NW 4 STREET BOCA RATON, FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 obligations of registered agent.

SIGNATURE: _____ 04/25/2004
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TASLIKLIOGLU, TARIK 717 NW 4 STREET BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TASLIKLIOGLU, GUL 717 NW 4 STREET BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GULECEK, MEHMET ALI 9500 SW 3RD ST. A-104 BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ LEA GUNDUZ 2900 NE 14 ST # 902 POMPANO BEACH 33062 FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ OSHAN GUNDUZ 2900 NE 14ST # 902 POMPANO BEACH 33062 FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Gul Taslikliogl 4/25/2004 561 542 3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #