2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P03000022705

Entity Name: ATLANTIC RENAISSANCE INVESTMENTS, INC.

Current Principal Place of Business:

4905 BELFORT RD, SUITE 110
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

4905 BELFORT RD, SUITE 110
JACKSONVILLE, FL 32256

FEI Number: 32-0065033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHAJERI, THOMAS K
4905 BELFORT RD, SUITE 110
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

CORD, POE T
4905 BELFORT RD, SUITE 110
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: CORD POE 04/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: MOHAJERI, THOMAS K
Address: 5152 LIBERTY DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Delete
Name: DELAPAZ, TIMOTHY W
Address: 3392 MARBON RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VSD (X) Delete
Name: POE, CORD
Address: 3392 MARBON RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete
Name: RODRIGUEZ, DAVID
Address: 11860 PEGASUS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: CORD, POE T
Address: 3392 MARBON RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORD POE PRES 04/22/2004
Electronic Signature of Signing Officer or Director Date