

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041225

Entity Name: ATLANTIC FRANCHISE GROUP, INC.

FILED  
Jul 07, 2008  
Secretary of State

## Current Principal Place of Business:

777 EAST ATLANTIC AVENUE, PMB-C383  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

777 EAST ATLANTIC AVENUE, PMB-C383  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 54-2107639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORAVANTI, DAVID  
777 EAST ATLANTIC AVENUE, PMB-C383  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

FLORAVANTI, DAVID  
777 EAST ATLANTIC AVENUE, PMB-C383  
DELRAY BEACH, FL 33483 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: DAVID FLORAVANTI

07/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FLORAVANTI, DAVID  
Address: 777 EAST ATLANTIC AVENUE, PMB-C383  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DVS ( ) Delete  
Name: CHIANG, JING-RERNG H  
Address: 777 EAST ATLANTIC AVENUE, PMB C-383  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: DAVID FLORAVANTI

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07/07/2008

Electronic Signature of Signing Officer or Director

Date