

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-14-2004 90061 012 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000093312			
1. Entity Name JM ATLANTIC CORPORATION			
Principal Place of Business 1225 WEST 30 ST APT-16 HIALEAH FL 33012		Mailing Address 1225 WEST 30 ST APT-16 HIALEAH FL 33012	
2. Principal Place of Business 1225W. 30st		3. Mailing Address 1225W. 30st	
Suite, Apt. #, etc. apto #16		Suite, Apt. #, etc. apto #16	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33012	Country Dade	Zip 33012	Country Dade
4. FEI Number 41-2106660		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JORGE M 1225 WEST 30 ST APT-16 HIALEAH FL 33012		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	P PEREZ, JORGE M 1225 WEST 30 ST APT-16 HIALEAH FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Jorge M. Perez</u> SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			