2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-03-2004 90412 046 ***150.00

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1. Entity Name
ATLANTIC HOTELS MANAGEMENT, INC.

66427922

04272004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1110 BRICKELL AVE STE 430 MIAMI, FL 33131	1110 BRICKELL AVE STE 430 MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-2410490 ☐ Applied F ☐ Not Applic

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
PORRO, CARLOS R 1110 BRICKELL AVE STE 430 MIAMI, FL 33131	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 ac the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Title: Registered Agent signature required when reinstating)

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 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONCE, LUIS F 5171 SW 142 AVE #202 PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONTRERAS, OSCAR 2210 E 22 ST MISSION, TX 78572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORRO, CARLOS R 151 CRANDON BLVD #533 KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad

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 informati 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 direc 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 changed, or on an attachment with an address; with all other like empowered.

SIGNATURE: LUIS. F. PONCE 4-27-04
DIRECTOR & CEO