## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

			10/11 1111 01									
DOCUMENT # P03000106868  1. Entity Name ATLANTIC HOTELS MANAGEMENT, INC.							O4 AUG 16 AM 10: 59					
Principal Place of Business 1110 BRICKELL AVE STE 430 MIAMI, FL 33131			Mailing Address 1110 BRICKELL AVE STE 430 MIAMI, FL 33131				TAL	LAHASSEE.	F STATE FLORIDA	4		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08112004	Chg-P	CH2E03	4 (10/03)	#	
City & State			City & State			4. FEI Number 56-2410			_ <del>                                    </del>	oplied Fo ot Applic		
Zip	Country		Zip	try	Fee Requi				8.75 Add ee Require			
	6. Name ar	d 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)  000040375600 00720404 01095 000 **70.00						
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 acc the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
Amended AR is \$61.25  9. Election Campaign Financi Trust Fund Contribution.							.00 May Be ed to Fees					
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[		Deiete	TITL NAM STR	E	350	RECTOR, 145, MOI. 15 SOUTH O	VICE-PRESIDE SES S' PREAN DRI FL: 330	ENTLSE- CRETANY VE, APTIC	☐ Change	Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERA 2210 E 22 S MISSION, T	AS, OSCAR ST	∭ Delete		EET ADDRESS	DIR CON 700	ECTAR & STRERAS WEST	VICE PRE , OSCAR EXPRESSW	5105NT E. 1AY 83	<b>/</b>	Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	į.	ARLOS R OON BLVD #533 YNE, FL 33149	☐ Delete		E ME EET ADDRESS (-ST-ZIP	DII Poi 151 KEY	RECTOR, RRO, CAP CRANDO BISCA)	PRESIDER PRESIDER PLOS R. P ON BLUD TO INE, FL.	1T PORRO' F 533 73149	Change	□ A0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E ME EET ADDRESS '-ST-ZIP	Vie DPI 407 WE	E-PRES PENHEIN 16 STAK STON	NO. FL. DENT L. NOLF. HORN LAN	TREASURU 16 331	(D) CHANGE	Ad	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP			☐ Delete		.E					☐ Change	Ad Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CIT	ME EET ADDRESS Y-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 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 direct 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.												