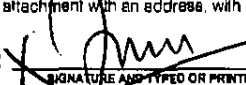


FILED

Apr 23, 2008 08:00 AM
Secretary of State2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000128041		
1. Entity Name ATLANTIC TRADERS, INC.		
Principal Place of Business 9297 OLMSTEAD DRIVE LAKE WORTH, FL 33467		Mailing Address 9297 OLMSTEAD DRIVE LAKE WORTH, FL 33467
DO NOT WRITE IN THIS SPACE		
		04212008 No Chg-P CR2E034 (11/05)
4. FEI Number 14-1899710		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KAPOOR, SUMAN 9297 OLMSTEAD DRIVE LAKE WORTH, FL 33467		DO NOT WRITE IN THIS SPACE
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KAPOOR, SUMAN 9297 OLMSTEAD DRIVE LAKE WORTH, FL 33467	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KHAN, MOHAMMED 5416 N.W. CONSUMER AVE. PT. ST. LUCIE, FL 33071	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KAPOR, VIKAS 17323 SW 32 LANE MIRAMAR, FL 33029	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____