2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90018 040 ***150.00

DOCUMENT # P04000056742

1. Entity Name
1004 ATLANTIC I CORP.

Principal Place of Business	Mailing Address
104 CIANDON BLVD SUITE 302 KEY BISCAYNE, FL 33149	104 CIANDON BLVD SUITE 302 KEY BISCAYNE, FL 33149

03262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
104 CRANDON BLVD.		104 CRANDON BLVD.	
Suite, Apt. #, etc.: SUITE 302		Suite, Apt. #, etc.: SUITE 302	
City & State: KEY BISCAYNE, FL		City & State: KEY BISCAYNE, FL	
Zip: 33149	Country: USA	Zip: 33149	Country: USA

4. FEI Number: 20-1213218 ☐ Applied For ☐ Not Applicable

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
ROA, DNIBAL 104 CRANDON BLVD, 302 KEY BISCAYNE, FL 33149	Name: ANIBAL ROA V. Street Address (P.O. Box Number is Not Acceptable): 104 CRANDON BLVD. SUITE 302 City: KEY BISCAYNE, **FL** Zip Code: 33149

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] 04-01-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	VILLAMIL, ANIBAL R		NAME	ANIBAL ROA V.	
STREET ADDRESS	% 104 CRANDON BOULVARD SUITE 302		STREET ADDRESS	104 CRANDON BLVD. SUITE 302	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 04-01-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #