## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000062227  1. Entity Name ATLANTIQUE ENTERPRISES CORP.									F 07 May	FILED 24 AM			
Principal Place of Business 3409-B N.W. 72ND AVENUE MIAMI, FL 33122				Maiting Address P.O. BOX 524407 MIAMI, FL 33152 US				<b>.</b> 	ACE ÁTE			1 <b>8 8</b> 1 51 1 <b>8 8</b> 1	
2. Principal Place of Business - No P.O. Box # 7202 NW 84th Ave. Suite, Apt. #, etc.			7	3. Mailing Address 7202 NW 84th Ave Suite, Apt. #, etc.				05112007	Chg-P	CR2E	034 (12/06)		
City & State Miami, FL.			1	City & State Miami, FL.				4. FEI Numb NOT AF	er PPLICABLE		<b>→</b>	plied For t Applicable	
Zip 33166	Country USA			Zip Count 33166 U					e of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
HOFFMANN, TEODORO 3409-B N.W. 72ND AVENUE MIAMI, FL 33122						FERNANDO CASSINGENA Street Address (P.O. Box Number is Not Acceptable)							
mr um, : = 00122						7202 NW 84th Ave.							
Miami  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 our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with, and accept the obligations of our state of Florida. I am familiar with a construction of the obligations of our state of Florida. I am familiar with a construction of the obligations of our state of Florida. I am familiar with a construction of the obligations of our state of Florida. I am familiar with a construction of the obligations of the obligations of the obligations of the obligation of the													
SIGNATURE Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees													
10. OFFICERS AND DI				DIRECTORS 11.			_	ADDITIONS	/CHANGES TO O	FICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							P						
TITLE	S	. 00122		Delete	THTLE	-	Mian	ni, FL.,	33166		☐ Change	Addition	
NAME STREET ADDRESS C/TY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •					e et adoress -st-zip			00103 8/070104		475 **61.2	)5	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP	-	(	\fi	Dekete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	••••			☐ Delete							Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deicte							☐ 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.													
SIGNAT	URE: _	SIGNATURE: Neuman Belisario 05/16/07 305 9707887											