

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085377

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ATLANTIC TISSUE INC

**Current Principal Place of Business:**

3705 WESTMINSTER STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3705 WESTMINSTER STREET  
HOLLYWOOD, FL 33021 UN

**Current Mailing Address:**

3705 WESTMINSTER STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

3705 WESTMINSTER STREET  
HOLLYWOOD, FL 33021 UN

**FEI Number:** 20-1338843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERKOWITZ, DAVID E  
3705 WESTMINSTER STREET  
HOLLYWOOD, FLORIDA, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERKOWITZ, DAVID E  
Address: 3705 WESTMINSTER STREET  
City-St-Zip: HOLLYWOOD, FL 33021 UN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID BERKOWITZ

P

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date