

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/09/07 90042007
\$550.00

DOCUMENT # P04000096475
 1. Entity Name
 1045 ATLANTIC AVE., INC.



Principal Place of Business 555 NO. CONGRESS AVE. SUITE 301 BOYNTON BEACH, FL 33426	Mailing Address 555 NO. CONGRESS AVE. SUITE 301 BOYNTON BEACH, FL 33426
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0095054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KENNETH M. KALEEL, P.A.
555 NO. CONGRESS AVE.
SUITE 301
BOYNTON BEACH, FL 33426

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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 retaining) DATE

**FILE NOW!! FEE IS \$550.00
Due by September 14, 2007**

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	D CONSTANZO, THEODORE A 2155 SO. OCEAN BLVD, #15 DELRAY BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 807, 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: Theodore A Costanzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #