

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122665

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: ATLANTIC LENDING SERVICES, INC.

## Current Principal Place of Business:

11200 PINES BOULEVARD  
SUITE 200  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

11200 PINES BOULEVARD  
SUITE 200  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 41-2148119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODALYS M. IBRAHIM, P.A.  
11200 PINES BOULEVARD  
SUITE 200  
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IBRAHIM, ERASMO  
Address: 11200 PINES BOULEVARD, SUITE 200  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP ( ) Delete  
Name: SOTO, ROSA  
Address: 4120 S.W. 96TH TERRACE  
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete  
Name: BELMO, VIRGINIA  
Address: 19794 N.W. 65TH COURT  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERASMO IBRAHIM

P

03/02/2005

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

\_\_\_\_\_  
Date