


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-09-2005 90291 046 ***150.00

| | | | | | |
|---|------------------------------------|-----|---|---|---|
| DOCUMENT # P04000125150 | | | |  | |
| 1. Entity Name ATMOSPHERE ONE, INC. | | | | | |
| Principal Place of Business 7916 HIGH SMITH COURT LAKE WORTH FL 33467 | | | Mailing Address 7916 HIGH SMITH COURT LAKE WORTH FL 33467 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 043796984 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORENO, RAUL G 19355 NE 10 AVE #401T3 N. MIAMI BEACH FL 33179 | | | | 7. Name and Address of New Registered Agent Name Olga Escobar Street Address (P.O. Box Number is Not Acceptable) 7916 Highsmith ct City Lake Worth FL Zip Code 33467 | |
| 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 Olga H. Escobar <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE 04-29-05 <small>(NOTE: Registered Agent signature required when re-registering)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESCOBAR, OLGA M | | | NAME | |
| STREET ADDRESS | 7916 HIGH SMITH COURT | | | STREET ADDRESS | |
| CITY- ST- ZIP | LAKE WORTH FL 33467 | | | CITY- ST- ZIP | |
| TITLE | VP <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORENO, RAUL G | | | NAME | |
| STREET ADDRESS | 7916 HIGH SMITH COURT | | | STREET ADDRESS | |
| CITY- ST- ZIP | LAKE WORTH FL 33467 | | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
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| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: Paul Moreno <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 04-29-05 296-3709 <small>Daytime Phone #</small> | |