


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90565 012 \*\*\*150.00

<b>DOCUMENT # P04000150359</b>	
1. Entity Name SOUTH ATLANTIC ASSETS, INC.	

Principal Place of Business 509 YELLOWWOOD COURT ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 US
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2. Principal Place of Business 663 JAMESTOWN BLVD. Suite, Apt. #, etc. SUITE #1080 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA	3. Mailing Address 663 JAMESTOWN BLVD. Suite, Apt. #, etc. SUITE #1080 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA
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03282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PEREZ, HERIBERTO 509 YELLOWWOOD COURT ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 HERIBERTO PEREZ - [Signature] DATE 4/28/05

Signature, typed or printed name of registered agent and title if applicable. **NOTE:** Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PEREZ, HERIBERTO 509 YELLOWWOOD COURT ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HERIBERTO PEREZ - [Signature] DATE 4/28/05 DAYTIME PHONE # 407-389-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR