2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 15, 2005 8:00 am Secretary of State

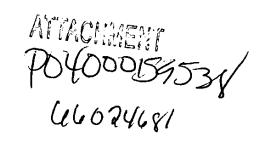
DOCUMENT # P04000159538 1. Entity Name HOAN ATLANTIC, INC.					05-05-2005 90115 025 ***150.00		
Principal Place	e of Business	Mailing Address			66	024681	
5101 S.W. 128 COURT MIAMI, FL 33175		5101 S.W. 128 COURT Miami, FL 33175	5101 S.W. 128 COURT MIAMI, FL 33175		00	024001	
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address		88 819 8 8 8 8 8		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		721310.	 - -	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and	Address of New Re	gistered Agent	
VALDES, MADELINE 5101 S.W. 128 COURT MIAMI, FL 33175			Name	Name			
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
,							
			City			FL Zip Cod	е
		ent for the purpose of changing its	registered office or regis	stered agent, or bot	h, in the State of Flori	ida. I am familiar with,	and accept
trie colligat	ions of registered agent.				1/10/05		
SIGNATURE.	Signature, typed or printed name of registered	I agent and title if applicable (NOT	E: Registered Agent signature requ	uired when reinstating)	11000	DATE	
		0 Flanting Compa	ing Eineneine	·	· · · · · · · · · · · · · · · · · · ·		
	LE NOW!!! FEE IS \$150.0 ue by September 7, 200!	T		55.00 May Be Added to Fees	In accordance wi	ith s. 607.193(2)(b), ot receive the prior	F.S., the notice.
	ue by September 7, 2005	T		Added to Fees	corporation did n	ith s. 607.193(2)(b), ot receive the prior I	notice.
10. TITLE	oe by September 7, 2009 OFFICERS	Trust Fund Cont	TITLE	Added to Fees	corporation did n	ot receive the prior	notice.
10. TITLE NAME	OFFICERS P VALDES, MADELINE	AND DIRECTORS	Tibution. A	Added to Fees	corporation did n	OERS AND DIRECTOR	notice. S IN 11
10. TITLE	oe by September 7, 2009 OFFICERS	AND DIRECTORS	TITLE	Added to Fees	corporation did n	OERS AND DIRECTOR	notice. S IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P VALDES, MADELINE 5101 S.W. 128 COURT	AND DIRECTORS	11. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	Added to Fees	corporation did n	OERS AND DIRECTOR	notice. S IN 11
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS P VALDES, MADELINE 5101 S.W. 128 COURT	Trust Fund Cont	11. TIFE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME NAME	Added to Fees	corporation did n	ot receive the prior I	notice. S IN 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P VALDES, MADELINE 5101 S.W. 128 COURT	Trust Fund Cont	11. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	Added to Fees	corporation did n	ot receive the prior I	notice. S IN 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS P VALDES, MADELINE 5101 S.W. 128 COURT	Trust Fund Cont	11. TIFE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	Added to Fees	corporation did n	ot receive the prior I	S IN 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS P VALDES, MADELINE 5101 S.W. 128 COURT	Trust Fund Cont	11. TIFE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME NAME NAME	Added to Fees	corporation did n	ot receive the prior in CERS AND DIRECTOR. Change	S IN 11 Addition Addition
10. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE THE	OFFICERS P VALDES, MADELINE 5101 S.W. 128 COURT	Trust Fund Cont	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	corporation did n	ot receive the prior in CERS AND DIRECTOR. Change	S IN 11 Addition Addition
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12. I hereby certify that the information supplied with this filling 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: Notable SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

305.283.41570 .



July 11, 2005

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Hoan Atlantic, Inc.

Dear Sir or Madam:

Attached is my 2005 Annual Report application. I had previously sent it in with a check in the amount of \$150.00. I received a notice stating that Hoan Atlantic, Inc. was going to be dissolved if I did not file my application. I spoke with someone in your office who advised me to resend the application because apparently my FEI number was missing from the original application.

Please let me know if you need any other additional information.

Thank you.

Sincerely,

Madeline Valdes

M. Valdes.

/mv Encls.