

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-08-2007 90108 001 \*\*\*600.00  
P05000042684

DOCUMENT # P05000042684	
1. Entity Name ATLANTIC POINT 1705, INC.	



Principal Place of Business 21150 POINT PLACE #1705 AVENTURA, FL 33180	Mailing Address 21150 POINT PLACE #1705 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number **20-8962790** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PETER M. LOPEZ, PA 1200 BRICKELL AVENUE SUITE 860 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name <b>Peter M. Lopez, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1911 NW 150 Avenue</b> Suite <b>201</b> City <b>Pembroke Pines</b> FL Zip Code <b>33028</b>	
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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  DATE **4/26/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating)

<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALCON, CYNTHIA 1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Director DATE **4/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
07 JUN 18 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
66013719

