


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 004 ***150.00

DOCUMENT # P05000083980					
1. Entity Name ATLANTIC PROFESSIONAL SWEEPING, INC.					
Principal Place of Business 2700 W ATLANTIC BLVD SUITE 5 POMPANO BEACH FL 33069			Mailing Address 2700 W ATLANTIC BLVD SUITE 5 POMPANO BEACH FL 33069		
2. Principal Place of Business - No P.O. Box # P.O BOX 667228		3. Mailing Address 2700 ATLANTIC BLVD			
Suite, Apt. #, etc. POMPANO BEACH		Suite, Apt. #, etc. SUITE # 235			
City & State FL		City & State POMPANO BEACH			
Zip 33066	Country BEAWARE	Zip FL	Country BEAWARE		
6. Name and Address of Current Registered Agent MANTILLA, MARIA E 2700 W ATLANTIC BLVD SUITE 5 POMPANO BEACH FL 33069			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP	DP MANTILLA, MARIA E 2700 W ATLANTIC BLVD SUITE 5 POMPANO BEACH FL 33069 <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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/07

Date

Daytime Phone #