2007 FOR PROFIT'CORPORATION

SIGNATURE: _

ANNUAL REPORT 8/20/2007-90057-015-\$150.00-\$150.00 DOCUMENT # P06000035505 FILED 1. Entity Name ATLANTIC WHOLESALE CORPORATION 07 OCT 18 AM 8: 21 TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9914 COLONNADE DRIVE 9914 COLONNADE DRIVE TAMPA, FL 33647-1860 US TAMPA, FL 33647-1860 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 07022007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, PAUL A Street Address (P.O. Box Number is Not Acceptable) 9914 COLONNADE DRIVE TAMPA, FL 33647-1860 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide it applicable. (NOTE, Registered Agent signature required when reinstaling) \$5,00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete Addition TITLE ☐ Change DIAZ. PAUL A MASE NAME STREET ADDRESS 9914 COLONNADE DRIVE STREET ADDRESS TAMPA, FL 336471860 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete titif Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CHY- 37- Z:P TITLE Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-749 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an addition, with all other like empowered.

FICER OR DIRECTOR