


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90065 023 \*\*\*150.00

DOCUMENT # P07000090258		
1. Entity Name ATLANTIC EQUITY LIMITED, INC.		

Principal Place of Business 509 OLEANDER LANE DELRAY BEACH, FL 33483 US	Mailing Address 509 OLEANDER LANE DELRAY BEACH, FL 33483 US
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40041000



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

02292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  LYNCH, PATRICK 509 OLEANDER LANE DELRAY BEACH, FL 33483	
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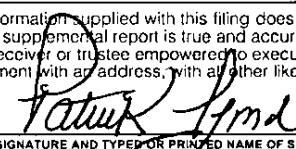
4. FEI Number **26-0699893** Applied For  
Not Applicable

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

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  <b>Michael G. Park, Esq.</b>	DATE <b>2-29-08</b>

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LYNCH, PATRICK 509 OLEANDER LANE DELRAY BEACH, FL 33483 <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.	
<p>SIGNATURE:  <b>Patrick Lynch</b></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>	<p>Date <b>3/5/08</b> (561) 573-4477</p> <p>Daytime Phone #</p>