

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000036931

**Entity Name:** ATLANTIC SEA TRUST, INC.

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1304 SW 160TH AVE.  
SUITE 355  
WESTON, FL 33326 US

**New Principal Place of Business:**

1639 BONAVENTURE BLVD.  
WESTON, FL 33326 US

**Current Mailing Address:**

1304 SW 160TH AVE.  
SUITE 355  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 26-2376459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OPPER, GARY P  
1304 SW 160TH AVE.  
SUITE 355  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

OPPER, GARY P  
1639 BONAVENTURE BLVD.  
WESTON, FL 33326 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/01/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: OPPER, GARY P  
Address: 1304 SW 160TH AVE., SUITE 355  
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY OPPER

PSTD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date