

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039903

FILED  
May 19, 2009  
Secretary of State

Entity Name: ATLANTIC INVESTMENTS HOLDING CORP.

## Current Principal Place of Business:

150 E. PALMETTO PARK RD.  
SUITE 110  
BOCA RATON, FL 33432 US

## Current Mailing Address:

150 E. PALMETTO PARK RD.  
SUITE 110  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

445 N. ANDREWS AVE.  
SPACE 2  
FT LAUDERDALE, FL 33301 US

## New Mailing Address:

445 N. ANDREWS AVE.  
SPACE 2  
FT LAUDERDALE, FL 33301 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONDE & COHEN, P.L.  
150 E PALMETTO PARK RD  
SUITE 110  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

CONDE & COHEN, P.L.  
445 N. ANDREWS AVE.  
SPACE 2  
FT LAUDERDALE, FL 33301 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: AARON COHEN

05/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COHEN, AARON R  
Address: 150 E PALMETTO PARK RD  
City-St-Zip: BOCA RATON, FL 33432 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COHEN, AARON R  
Address: 445 N. ANDREWS AVE.  
City-St-Zip: FT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AARON R COHEN

PD

05/19/2009

Electronic Signature of Signing Officer or Director

Date