

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000025618

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** THE ATLANTIC MINT INC.

**Current Principal Place of Business:**

560 S.E.2 AVENUE  
H3  
DEERFIELD BEACH, FL 33443

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1629  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

P.O.BOX 1073  
DEERFIELD BEACH, FL 33443

**FEI Number:** 80-0698046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICKIEWICZ, DEAN C  
560 S.E. 2 AVENUE  
H3  
DEERFIELD BEACH, FL 33443 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MICKIEWICZ, DEAN C  
**Address:** 560 S.E.2 AVENUE H3  
**City-St-Zip:** DEERFIELD BEACH, FL 33443

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:** DEAN MICKIEWICZ

P

02/25/2012

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

\_\_\_\_\_  
Date