

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90066 003 ***150.00

DOCUMENT # P94000035650 1. Entity Name ATLANTIC SCIENTIFIC DEVELOPMENT, INC.					
Principal Place of Business PMB 46 1511 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334 US			Mailing Address PMB 46 1511 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0492778				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REYNOLDS, DOUGLAS 4875 N. FEDERAL HIGHWAY TENTH FLOOR FT. LAUDERDALE, FL 33308			Name PETER ANDREOTTI Street Address (P.O. Box Number is Not Acceptable) 4110 NE 24 AVENUE City LIGHTHOUSE POINT FL Zip Code 33064		
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 PETER ANDREOTTI PRESIDENT 4/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDREOTTI, PETER PMB 46 1511 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334 <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 exemption stated in Section 119.07(3)(i), 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 or without other like empowered.					
SIGNATURE: PETER ANDREOTTI 4/2/05 415-710-1100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					