## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000058870

1. Entity Name

ATLANTIC CAPITAL MARKETS CORP.



Principal Place of Business

1910 PARKSIDE CIR. SOUTH BOCA RATON, FL 33486 Mailing Address

C/O BLAKESBERG & COMPANY CPA'S 951 S.W. 4TH AVE BOCA RATON, FL 33432-5803

## FILED Mar 24, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1210327

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERK, HEIDI 1910 PARKSIDE CIR. SOUTH BOCA RATON, FL 33486

## DO NOT WRITE IN THIS SPACE

	, 01., 1 2 33 33			IN	THIS SPACE
8. The above the obligat	named entity submits this statement for the plions of registered agent.	surpose of changing its registered offi	ce or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (MOTE, Registered			Agent signature required when reinstating)  DATE		
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000479712 04/10/06-80014-025 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D BERK, HEIDI L 1910 PARKSIDE CIR. SOUTH BOCA RATON, FL 33486				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE MAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE THE PROPERTY OF PRINTING OFFICER OR DIRECTOR

PRESIDENT

561\_750-8300

Орунга Ріюна ≇