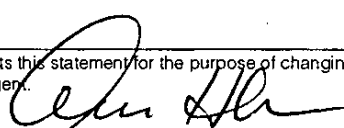


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90093 024 ***150.00

DOCUMENT # P94000090963 1. Entity Name ATLANTIC EQUITY CORPORATION					
Principal Place of Business 10155 COLLINS AVE #1007 MIAMI BEACH FL 33154			Mailing Address 10155 COLLINS AVE #1007 MIAMI BEACH FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0555288 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent HABER, ARNOLD 5055 COLLINS AVE SUITE 3D MIAMI BEACH FL 33140				7. Name and Address of New Registered Agent Name ARNOLD HABER Street Address (P.O. Box Number is Not Acceptable) 10155 COLLINS AVE SUITE 1007 City BAL HARBOUR FL Zip Code 33154	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3/21/05 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DS HABER, ESTELLE 5055 COLLINS AVE MIAMI BEACH FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HABER, ARNOLD 5055 COLLINS AVE. MIAMI BEACH FL ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HABER ARNOLD 10155 COLLINS AVE #1007 BAL HARBOUR FL 33154 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #