2004 FOR PROFIT CORPORATION FILED ANNUAL REPORT (AR) Apr 29, 2004 8:0

	ANNUAL RI	EPORT (AR)	-		Apr 29, 2004 8:00 am
DOCUMENT # P95000008363 1. Entity Name			A ST		Secretary of State 04-29-2004 90299 004 ***150.00
ATLANTI	S SUBMARINES (MIAMI) INC	,			04-29-2004 90299 004 130.00
Principal Plac	e of Business	Mailing Address		-4	
1120 SE 3RI FT LAUDER US	D AVE DALE FL 33316	1120 SE 3RD AVE FT LAUDERDALE FL 33310 US	6		The state of the s
1001 \ Suite, Apt.		3. Mailing Address 1001 W Cyples Suite, Apt. #, etc.	D Creen	e Rd	MOORE CR2E034 (11/03)
115		112			
City & Stat	Laudrodel & FL	City & State Ft Laud Godal (e FL_		4. FEI Number 65-0562369 Applied For Not Applicable
Zip 133	309 Country USA	Zip C 333339	ountry 54	L	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
THEOPEL, ROBERT					
112	0 SE 3RD AVE _AUDERDALE FL 33316		Street A	1 '	P.O.Box Number is Not Acceptable)
			5	FE	115
			City F	- L	- Sylvadale FL 333-9
8. The above named entity systmits 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.					
News free					
SIGNATURE Signaphic typed or portled dagent and little if applicable. (NOTE: Registered Agent signature required when reinspling) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
	r May 1, 2004 Fee will be \$550.00 × k Payable to Florida Department of	State			Trust Fund Contribution.
10.	OFFICERS AND (72 d. 500.	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPST	Delete	TITLE	DIVE	Char + President A Change ☐ Addition
NAME STREET ADDRESS	THEOFEL, ROBERT		NAME STREET ADDRESS	1001	gbs Fry W Cypress Creek Rd, Suite 112
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP	ر مسور ا	Laudadale FL 33309
TITLE		☐ Delete	TITLE	DIVE	ECTOR + TRASURER Change Ch
NAME STREET ADDRESS			NAME STREET ADDRESS	Der	mis Murd Creek pd, suite 112
CITY-ST-ZIP			CITY-ST-ZIP	F4	hardedele FL 33309
TITLE			TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	,	1	STREET ADDRESS		والمراجع والمستبيطين والمستقل والمراجعة المستقل والمراجعة المستقل والمراجعة المستقل والمراجعة المستقل والمراجعة
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TOTLE		☐ Change ☐ Additio
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete .	TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS		1	NAME STREET ADDRESS		
City-St-Zip	_		CITY-ST-ZIP	ļ	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>	
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 an other like empowered.					
CIONATURE A 21 210					
SIGNATURE: 4.26.04 SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #					