
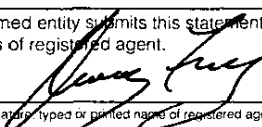
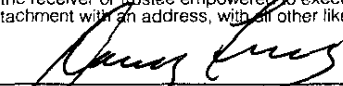


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90299 004 \*\*\*150.00

<b>DOCUMENT # P95000008363</b>			
1. Entity Name <b>ATLANTIS SUBMARINES (MIAMI) INC.</b>			
Principal Place of Business <b>1120 SE 3RD AVE FT LAUDERDALE FL 33316 US</b>		Mailing Address <b>1120 SE 3RD AVE FT LAUDERDALE FL 33316 US</b>	
2. Principal Place of Business <b>1001 W Cypress Creek Rd</b> Suite, Apt. #, etc. <b>112</b>		3. Mailing Address <b>1001 W Cypress Creek Rd</b> Suite, Apt. #, etc. <b>112</b>	
City & State <b>Ft Lauderdale FL</b>		City & State <b>Ft Lauderdale FL</b>	
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>THEOPEL, ROBERT 1120 SE 3RD AVE FT LAUDERDALE FL 33316</b>		7. Name and Address of New Registered Agent Name <b>Douglas Fry</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 W Cypress Creek Rd</b> Suite <b>112</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST THEOPEL, ROBERT 1120 SE 3RD AVE FT LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director + President Douglas Fry 1001 W Cypress Creek Rd, Suite 112 Ft Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director + Treasurer Dennis Hurd 1001 W Cypress Creek Rd, Suite 112 Ft Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: 		4-26-04 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	