## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 15, 2004 8:00 am **Secretary of State DOCUMENT # P96000026434** 1. Entity Name 03-15-2004 90083 005 \*\*\*150.00 ATLANTIS ENERGY INC. 1970年8月17日 Mailing Address Principal Place of Business 5960 S.MILITARY, TRAIL TO AND MICE WORTH, FL-33463 CEC 12 CO. 1000 5960 S MILITARY TRAIL LAKE WORTH, FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 65-0652177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUQ, NIZAMUL Street Address (P.O. Box Number is Not Acceptable) 5901 NW 61 AVE PARKLAND, FL 33067 City Zip Code FL 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) DATE 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. ~ OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME . HUQ, SYEDA A NAME STREET ADDRESS 5901 NW 61 AVE STREET ADDRESS PARKLAND, FL 33067 CITY-ST-ZIP CITY-ST-ZIP GRKLAND F-L. ☐ Change Addition Delete TITLE HUR NIZAMUL CHOWDHURY, SHAHNAZ NAME NAME STREET ADDRESS 5960 S MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33463 CITY+ST-ZIP ☐ Delete TITI F ☐ Addition TITLE CHOWDHURY, NAWSHAD NAME NAME 10920 NORTH DANBURY WAY STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-7IP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED

954-227-53