

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90167 049 \*\*\*150.00



40043406



**DOCUMENT # P96000051380**  
 1. Entity Name  
**ATLANTIC DEVELOPMENT CONSULTANTS, INC.**

Principal Place of Business      Mailing Address  
 262 ATLANTIC ISLES                      262 ATLANTIC ISLES  
 SUNNY ISLES BEACH, FL 33160          SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

Zip      Country                      Zip      Country

03312007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0675185**                      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MARCUS, ALAN J**  
**20803 BISCAYNE BOULEVARD**  
**SUITE 301**  
**NORTH MIAMI, FL 33180**

**7. Name and Address of New Registered Agent**  
 Name **Steiger Judith**  
 Street Address (P.O. Box Number is Not Acceptable)  
**262 Atlantic Ave**  
 City **Sunny Isles Beach**      **FL**      Zip Code **33160**

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 *Judith Steiger*      DATE *4/2/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	PTD STEIGER, JUDITH 262 ATLANTIC ISLE MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUBARSKY, AVIVA 19264 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith Steiger*      305-778-0555