

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90167 049 ***150.00

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1. Entity Name
ATLANTIC DEVELOPMENT CONSULTANTS, INC.



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

Mailing Address
**262 ATLANTIC ISLES
SUNNY ISLES BEACH, FL 33160**

40043436



03312007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0675185 Applied For
Not Applied

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

TITLE **PTD** ☐ Delete
NAME **STEIGER, JUDITH**
STREET ADDRESS **262 ATLANTIC ISLE**
CITY-ST-ZIP **MIAMI BEACH, FL 33160**

TITLE **VSD** ☐ Delete
NAME **LUBARSKY, AVIVA**
STREET ADDRESS **19264 E. COUNTRY CLUB DRIVE**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Ad
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
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CITY-ST-ZIP

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