

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90280 037 \*\*\*150.00

**DOCUMENT # P96000059187**

1. Entity Name

ATLANTIC GLOBAL MARKETING, INC.



Principal Place of Business

16780 N.E. 4TH PLACE  
N MIAMI, FL 33162

Mailing Address

P.O. BOX 641035  
MIAMI, FL 33164

**DO NOT WRITE IN THIS SPACE**



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0694482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLETT, MIRI  
16786 N.E. 4TH PLACE  
NORTH MIAMI BEACH, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME COLLETT, MIRI  
STREET ADDRESS 16786 N.E. 4TH PLACE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/25 305-7701770