

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-30-2006 90037 046 ***150.00

DOCUMENT # P97000016902 1. Entity Name ATLANTIC TRADING PARTNERS, INC.			
Principal Place of Business 18851 NE 29 AVE SUITE 762 ADVENTURA, FL 33180		Mailing Address 18851 NE 29 AVE SUITE 762 ADVENTURA, FL 33180	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18851 NE 29 AVE SUITE 762 ADVENTURA, FL 33180 USA	
City & State ADVENTURA, FL		4. FEI Number 65-0742581	
Zip 33180		Country USA	
6. Name and Address of Current Registered Agent YAGMAN, WAYNE C/O ATLANTIC TRADING PARTNERS, INC. 225 NE MIZER BLVD STE 623 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		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 P YAGMAN, WAYNE ☐ Delete	NAME YAGMAN, WAYNE	TITLE PRESIDENT ☒ Change ☐ Addition	NAME WAYNE YAGMAN
STREET ADDRESS 225 NE MIZER BLVD., SUITE 623	CITY-ST-ZIP BOCA RATON, FL 33432	STREET ADDRESS 18851 N.E. 29 AVE # 762	CITY-ST-ZIP ADVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 5/24/06 Daytime Phone 786-787-0370	

ATTACHMENT

66020078
~~#P9 7000016902~~

CHANGE WAS MADE
BOX #11.

WAYNE YAGMAN
PRESIDENT
18851 N.E. 29 AVE #702
AVENTURA, FL 33180



ATTACHMENT
16600078
Division of Corporations

Annual Report

Annual Report Help

Document Number
P97000016902

Business Entity Name

ATLANTIC TRADING PARTNERS, INC.

☒ **After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.**

FEI Number	650742581		
FEI Number Status	Listed Above Applicable	Applied For	Not
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

Principal Place of Business

Address 18851 NE 29 AVE
Suite, Apt. #, etc. SUITE 762
City, State ADVENTURA, FL
Zip Code & Country 33180

Mailing Address

Address 18851 NE 29 AVE
Suite, Apt. #, etc. SUITE 762
City, State AVENTURA, FL
Zip Code & Country 33180

Name and Address of Registered Agent

Name (Last, First, Middle, Title) YAGMAN, WAYNE, ,

- OR -

Business to serve as RA

ATTACHMENT 66020078

09700000/6902

Address (PO Box is not acceptable) C/O ATLANTIC TRADING PARTNERS, INC.

Suite, Apt. #, etc.

18851 N.E. 29 AVE SUITE 762

City, State

AVENTURA

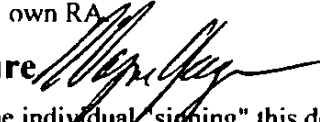
, FL

Zip Code & Country

33180

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

YAGMAN

, WAYNE

- OR -

Entity Name to serve as Officer/Director

Street Address

225 NE MIZNER BLVD., SUITE 523

City, State

BOCA RATON

, FL

Zip Code & Country

33432

18851 N.E. 29 AVE #762
AVENTURA, FL 33180

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

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~~#P97000016902~~

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

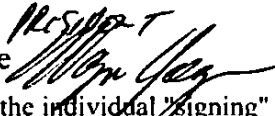
Zip Code & Country

ATTACHMENT 66020078
#P97000016902

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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