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Jun 20, 2006 8:00 am
Secretary of State

05-30-2006 90037 046 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000016902

1. Entity Name
ATLANTIC TRADING PARTNERS, INC.

Principal Place of Business	Mailing Address
18851 NE 29 AVE SUITE 762 ADVENTURA, FL 33180	18851 NE 29 AVE SUITE 762 ADVENTURA, FL 33180

66020078

05222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		18851 N.E. 29 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 762	
City & State		City & State AVENTURA, FL	
Zip	Country	Zip 33180	Country USA

4. FEI Number 65-0742581 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 ____________________
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 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P YAGMAN, WAYNE YAGMAN, WAYNE ~~225 NE MIZNER BLVD., SUITE 623~~ ~~BOCA RATON, FL 33432~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WAYNE YAGMAN 18851 N.E. 29 AVE # 762 AVENTURA, FL 33180 ☑ Change ☐ Addition
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
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
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: [signature] 5/24/06 786-787-0370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66020078

#P9780000169Ø2

CHANGE WAS MADE
BOX #11.

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

ATTACHMENT 16080078

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 Applied For Not Applicable
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 660200781

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~~ 18851 N.E. 29 AVE #762

City, State ~~BOCA RATON~~ , ~~FL~~ AVENTURA, FL 33180

Zip Code & Country ~~33432~~

Title

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

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State ,

Zip Code & Country

ATTACHMENT 66020078
#P97000076902

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 ,

ATTACHMENT 660200 78

Zip Code & Country

#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.

Continue Reset

Start Over

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