

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90075 042 \*\*\*150.00

**DOCUMENT # P97000028834**

1. Entity Name  
3514 SO. OCEAN DRIVE, INC.



**Principal Place of Business**

% ATLANTIA HOLDINGS  
645 E. DANIA BCH BLVD.  
DANIA BEACH, FL 33004

**Mailing Address**

% ATLANTIA HOLDINGS  
645 E. DANIA BCH BLVD.  
DANIA BEACH, FL 33004

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0741272

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLACKBURN, ACE J JR  
COONEY, MATTSO, LANCE, BLACKBURN, RICHARD  
2312 WILTON DR.  
FT. LAUDERDALE, FL 33305

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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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BLACKBURN, A JR  
STREET ADDRESS 645 E DANIA BEACH BLVD  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE VSD  
NAME ECONOMOU, C  
STREET ADDRESS 645 E DANIA BEACH BLVD  
CITY-ST-ZIP DANIA, FL 33004

TITLE D  
NAME WAGNER, J  
STREET ADDRESS 645 E DANIA BEACH BLVD  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D  
NAME MORFIDIS, G  
STREET ADDRESS 645 E DANIA BEACH BLVD  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #