2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 14, 2006 08:00 AM Secretary of State DOCUMENT # P97000077611 1. Entity Name ATLANTIC OUTLET #3, INC. Principal Place of Business Mailing Address 4700 NW 132ND STREET 4700 NW 132ND STREET OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 No Chg-P CR2E034 (11/05) 01262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0781995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SMOLER, BRUCE J ESQ. DO NOT WRITE 100 SE 2ND STREET **SUITE 2620** IN THIS SPACE MIAMI, FL 33131 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 famillar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if applicable. 3. Election Campaign Financing \$5.00 May Be U00000434397 02/24/06-80063-010 158.75 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS GOTTLIEB, STEVEN NAME **4700 NW 132ND STREET** STREET ADORESS OPA LOCKA, FL 33054 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

er like empewered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

FILED