

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038500

FILED
Apr 16, 2007
Secretary of State

Entity Name: ATLANTIC POINT INVESTMENT INC.

Current Principal Place of Business:

C/O ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, #600
COCONUT GROVE, FL 33133

New Principal Place of Business:

2121 N.W. 24 AVENUE
MIAMI, FL 3342

Current Mailing Address:

C/O ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, #600
COCONUT GROVE, FL 33133

New Mailing Address:

P. O. BOX 901856
HOMESTEAD, FL 33090

FEI Number: 65-0835682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, #600
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: POLO, OLGA
Address: 14229 SW 25 TERRACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: POLO, OLGA
Address: P. O. BOX 901856
City-St-Zip: HOMESTEAD, FL 33090

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA POLO

PSTD

04/16/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date