## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000078207

1. Entity Name
ATLANTIC REALTY & INVESTMENTS CORPORATION



**FILED** Mar 15, 2005 8:00 am Secretary of State 03-15-2005 90018 033 \*\*\*150.00

Procipal Place of Business	ATLANTIC	JINLALI	T & HIVESTINE		ORFORATION									
Suite, Aptil #, etc.    Suite, Aptil #, etc.	1111 BRICKELL AVENUE 1103			1	17555 COLLINS AVENUE, #1402				E 1 <b>00</b> 140 <b>0</b> 4 11			IN MRM RTIN	<b>                                     </b>	1281
City & State	2. Principal Place of Business			3.	3. Mailing Address									
Zip Country Zip Country	Suite, Apt.	#, etc.			Suite, Apt. #, etc.				03052005					
Section   Sect	City & State			-	City & State			•				$\vdash$		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigipators of registered agent, or both, in the State of Florida. Statutors of Florida. Statutors of Florida. Statutors of Florida Statutors of Florida Statutors of Florida Statutors of Florida Statutors and in State of Florida Statutors and in the state of Florida Statutors and in th	Zip	Country			Zip Country				5 Certificate of Status Desired \$8.75 Additional					
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Cur	ent Regis	tered Agent	1			7. Name and	d Address of New R	egistered A	gent		
SUNNY ISLES BEACH, FL 33160  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PDTS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  THE PDTS  ZHI WEI, WU  STRET ADDRESS  CITY-ST-2P  SUNNY ISLES BEACH, FL 33160  Delete  TITLE  MAKE  STRET ADDRESS  CITY-ST-2P  TITLE  MAKE  STRET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAKE  STRET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAKE  STRET ADDRESS  CITY-ST-2P  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delet														
### B. 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, upper or private fame of impatered agent and size 4 applicable.  ### PILE NOWIII FEE IS \$150.00 ### Amount of The Poth Signature, upper or private fame of impatered agent and size 4 applicable.  ### POTS ### POTS ### OFFICERS AND DIRECTORS ### OFFICERS AND DIRECTOR							0.11001710			, a reconstant				
SIGNATURE    Signature, typical or primed name of inigitated agent and little if applicable.   PAOTE Registered Agent applicable required when recreating)   DATE							City				FL	Zip C	ode	
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### STREE NOW!!! FEE IS \$150.00 ### Addition Campaign Financing Trust Fund Contribution.    10.	SIGNATURE_	Signature, types	or printed name of registered	agent and title	if applicable. (NO	E: Registere	od Agent signatui	re required	when reinstating)		DATE			
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PDT'S	0. Floating Comparing Financing CF 00													
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