2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2004 8:00 am Secretary of State

DOCUMENT # P98000087932 1. Entity Name - ATLANTIC INTERNATIONAL DISTRIBUTORS, INC.					07-09-2004 90008 029 ***150.00				
Principal Place	e of Business	Mailing Address	-			·			
7227 ATLANTIC BLVD		*	7227 ATLANTIC BLVD		,			AAC1	1072
JACKSONVILLE, FL 32211			JACKSONVILLE, FL 32211		ام سر ا		~´ J.	1 0 0 1	LUIN
JACKSONVILL	E, FL 32211	MONOONVILLE, I'E 3) <u>, , , , , , , , , , , , , , , , , , , </u>						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05192004	Chg-P	CR2E034 (1	10/03)	
City & State		City & State	City & State		4. FEI Number 59-3536	824		\rightarrow	Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired			75 Addit	tional
	6. Name and Address of C	urrent Registered Agent			7. Name and A	Address of New F			
! Ave				10					
MASZY, STEPHEN K 7227 ATLANTIC BLVD				Street Address (P.O. Box Number is Not Acceptable)					
	IVILLE, FL 32211					· · · · · · · · · · · · · · · · · · ·			
3AOROON	141666,16 02211		•						
			City				FL ²	Zip Code	
8. The above	named entity submits this state	ment for the purpose of changing	its registered office	e or registere	ed agent, or both	, in the State of Fl	orida. I am famili	iar wilh, a	ind accept
the obligat	tions of registered agent.		-						
SIGNATURE_	# 5						•		
- SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (N	VOTE: Registered Agent	-, •	•		DATE	2. 1 1 ⁴ 21	
	LE NOW!!! FEE IS \$150 ue by September 8, 200	paign Financing			In accordance corporation did	with s. 607.193	+ 3(2)(b), F	.S. the	
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12. Thereby certify that the information supplied with this land does not quality for the exemption stated in Section 1907(3)(f), Profital statutes. Indirecting the 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.

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SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04 204-725-5202