2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000046223

1. Entity Name
ATLAS-DAVIE, INC.

Principal Place of Business	Mailing Address
1191 E. NEWPORT CTR. DR. STE 103 DEERFIELD BEACH, FL 33442	1191 E. NEWPORT CTR. DR. STE 103 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0929886

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSYTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000089888
03/16/04-80007-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASAGRANDE, JACK
STREET ADDRESS	1191 E. NEWPORT CTR. DR. STE 103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	MARZANO, MICHAEL
STREET ADDRESS	1191 E. NEWPORT CTR. DR. STE 103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	MAZZANO, DOMINICK JR
STREET ADDRESS	1191 E. NEWPORT CTR. DR. STE 103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	MARZANO, ANGELO
STREET ADDRESS	1191 E. NEWPORT CTR. DR. STE 103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
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 the exception of the empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #