

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90030 013 ***150.00

DOCUMENT # P99000046223

1. Entity Name
ATLAS-DAVIE, INC.



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

Mailing Address
**1191 E. NEWPORT CTR. DR. STE 103
DEERFIELD BEACH, FL 33442**

50034638

2. Principal Place of Business
1660 NW 19 AVE
Suite, Apt. #, etc.

3. Mailing Address
1660 NW 19 AVE
Suite, Apt. #, etc.



02232005 Chg-P CR2E034 (10/03)

City & State
POMPAHO BEACH, FL
Zip
33069 Country
USA

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POMPAHO BEACH, FL
Zip
33069 Country
USA

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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **D CASAGRANDE, JACK** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1191 E. NEWPORT CTR. DR. STE 103
DEERFIELD BEACH, FL 33442**

TITLE
NAME **P MARZANO, MICHAEL** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **1191 E. NEWPORT CTR. DR. STE 103
DEERFIELD BEACH, FL 33442**

TITLE
NAME **VP MAZZANO, DOMINICK JR** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **1191 E. NEWPORT CTR. DR. STE 103
DEERFIELD BEACH, FL 33442**

TITLE
NAME **S MARZANO, ANGELO** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **1191 E. NEWPORT CTR. DR. STE 103
DEERFIELD BEACH, FL 33442**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D, VP CASAGRANDE, JACK** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **1660 NW 19 AVE
POMPAHO BEACH, FL 33069**

TITLE
NAME **P ROBERTS, THOMAS** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **1660 NW 19 AVE
POMPAHO BEACH, FL 33069**

TITLE
NAME **D, S MARZANO, PATRICK** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **1660 NW 19 AVE
POMPAHO BEACH, FL 33069**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **JACK R CASAGRANDE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 **954-580-0615**
Date Daytime Phone #