2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2005 8:00 am Secretary of State 06-20-2005 90004 021 ***150.00

DOCUMENT # P99000104472 1. Entity Name A-ATLANTIC AUTO INSURANCE EAST CORP												
Principal Place of Business 5062 N DIXIE HWY FT. LAUDERDALE, FL 33334			Mailing Address 3000 N UNIVERSI SUITE E CORAL SPRINGS, I	US								
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06172005	Chg-P	CR2E	034 (10/03)		
City & State			City & State		4. FEI Number 65-0946519					pplied For lot Applicable		
Zip	Zip Country		Zip Cour		intry	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	Registered Agent		Name		7. Name and	Address of New F	Registered	Agent				
SANTANA 7741 BELM POMPANO	MONTE B				iress (P	.O. Bax Numb	er is Not Acceptabl	e)				
					City			· 	F	Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its registers						agistero	d agent, or bo	th, in the State of Fl	•		i, and accept	
the obligations of registered agent.												
SIGNATURE Signature, typed or primad name of registored agent and idle if applicable. INOTE: Registered Agent a gnature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina Due by September 7, 2005 Trust Fund Contribution							00 May Be d to Fees	In accordance corporation did	with s. 60 not rece	7.193(2)(b) ve the prior	, F.S., the notice.	
10.	Lagra	OFFICERS AND		11			ADDITIONS	CHANGES TO OF	FICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	ſ - ··-	A, TRACY MONTE BLVD O BEACH, FL 33063	☐ Deleta	NA 12	ile Me Reet address IY-ST-Zup					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Oelsca	NA SI	ILE ME REET ADORESS IY-ST-ZIP					Change	☐ Add:tion	
FITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Octobe	ST	ILE ME REET ADDRESS DY-ST-ZIP					☐ Change	☐ Addition	
MAME STREET ADDRESS GITY-ST-ZIP			☐ Delste	NA ST	ILE ME REE1 ADDRESS TY+S1-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defota	NA St	ILE AME REET ADDRESS IY-SI-ZIP					Change	Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deista	ST Cri	AME REET ADORESS TY-ST-ZIP					Change	Addition	
12. I heraby of indicated of the corchanged.	certify that the fon this report poration or to for on an att	e information supplied with it or supplemental report is the receiver or trustee empo achment with an address, to	this filing does not qual true and accurate and owered to execute this r with all other like empow	lify for the ex that my sign eport as req ered.	temption stated lature shall have uired by Chapte	in Sec the ster 607.	tion 119.07(3) ame legal effec Florida Statute	(i), Florida Statutes. ct as if made under es; and that my nam	e appears	ertify that the I am an office in Block 10 o	information or or director or Block 11 if	

ATTACHMENT MARKROB ACCOUNTING SERVICE, INC. 10021797

PO BOX 771210 CORAL SPRINGS, FL. 33077-1210 954.346.7288-BROWARD 954.346.7217-FAX 954.434.5996-S.BROWARD 305.621.9382-DADE

07/09/05

Florida Dept of State Annual Reports Filings Division of Corporations PO BOX 6327 Tallahassee, Fl. 32314

Re: Corporate Renewals

A-Atlantic Auto Insurance East Corp. P99000104472

To Whom-It-May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client A-Atlantic Auto Insurance East Corp.

While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state and could we assist him with the renewal.

We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty. Should you have any questions, please feel free to contact the client.

Thank you, Sincerely,

David Hernangez