2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# P99000104472

Entity Name: A-ATLANTIC AUTO INSURANCE EAST CORP

Current Principal Place of Business:

5062 N DIXIE HWY
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5062 N. DIXIE HWY
FORT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 65-0946519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTANA, TRACY P
7741 BELMONTE BLVD.
POMPANO BEACH, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SANTANA, TRACY
Address: 7741 BELMONTE BLVD
City-St-Zip: POMPANO BEACH, FL 33063 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: CAREY, PETER C
Address: 2501 NE 33RD AVENUE #4
City-St-Zip: FT. LAUDERDALE, FL 33305 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY SANTANA PSTD 08/12/2009

Electronic Signature of Signing Officer or Director Date