

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90788 001 ***150.00
 05-03-2004 90788 002 *****8.75



DOCUMENT # S53893		1. Entity Name ATLANTIC VUE TOWERS, INC.	
Principal Place of Business 135 OCEAN DRIVE #202 MIAMI BEACH, FL 33139		Mailing Address 135 OCEAN DRIVE #202 MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address 400 S. Pointe Drive, #2202	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Miami Beach, FL	
City & State		City & State	
Zip	Country	Zip 33139	Country U.S.A.
6. Name and Address of Current Registered Agent BLISS, EDWIN C 400 S POINTE DR #2202 MIAMI BCH, FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, E C	NAME	
STREET ADDRESS	400 S POINTE DR #2202	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 331397361	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, AIDA S	NAME	
STREET ADDRESS	400 S POINTE DR #2202	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 331397361	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>E. Bliss, E.C. BLISS</u>		Date: <u>30 APR '04</u> Daytime Phone #: <u>305-672-6647</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



04302004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0272741** Applied For Not Applicable

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