

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53893

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ATLANTIC VUE TOWERS, INC.

**Current Principal Place of Business:**

135 OCEAN DRIVE  
#202  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

400 SOUTHPOINTE DRIVE  
#2202  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

400 S. POINTE DRIVE  
#2202  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 65-0272741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLISS, EDWIN C  
400 S POINTE DR #2202  
MIAMI BCH, FL 33139 US

**Name and Address of New Registered Agent:**

BLISS, EDWIN C  
400 S POINTE DR  
#2202  
MIAMI BCH, FL 33139 US

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: \_\_\_\_\_ 04/29/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BLISS, E C,  
Address: 400 S POINTE DR #2202  
City-St-Zip: MIAMI BEACH, FL 331397361

Title: DVS ( ) Delete  
Name: BLISS, AIDA S,  
Address: 400 S POINTE DR #2202  
City-St-Zip: MIAMI BEACH, FL 331397361

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: BLISS, E C MR  
Address: 400 S POINTE DR #2202  
City-St-Zip: MIAMI BEACH, FL 331397361 US

Title: DVS (X) Change ( ) Addition  
Name: BLISS, AIDA S MRS  
Address: 400 S POINTE DR #2202  
City-St-Zip: MIAMI BEACH, FL 331397361 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: E C BLISS      P      04/29/2005  
Electronic Signature of Signing Officer or Director      Date