2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S99400

1. Entity Name

ATLANTIC AUTOMOTIVE CONSULTING, INC.



Principal Place of Business

3056 VIA NAPOLI

DEERFIELD BEACH, FL 33442

2 US

Mailing Address

3056 VIA NAPOLI

DEERFIELD BEACH, FL 33442

05

FILED Apr 26, 2004 08:00 AM Secretary of State



04142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0300175 Applied For Not Applicable

5. Certificate of Status Dosired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DE FALCO, JERRY 3056 VIA NAPOLI DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the Stale of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000129465 04/26/04-80080-001 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEFALCO, JERRY 3056 VIA NAPOLI DEERFIELD BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE	ļ		1		

12. I hereby certify that the information supplied with this filling 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 giver like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

INALIA FALCO JERRY) F.F.A.

DES. DENT 4/15/04 421-9872

Daytime Phone #