

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V23771**

1. Entity Name  
**ATLANTIC MARKETING SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**9 ISLAND AVE**      **9 ISLAND AVE**  
**2314**      **2314**  
**MIAMI BEACH, FL 33139**      **MIAMI BEACH, FL 33139**



02072005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0331710**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOENIG, JOHN A.**  
**9 ISLAND AVE**  
**APT 2314**  
**MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      ☐ **\$5.00** May Be  
Trust Fund Contribution.      Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	KOENIG, JOHN A.
STREET ADDRESS	9 ISLAND AVENUE, APT. 2314
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	S
NAME	KOENIG, CYNTHIA B.
STREET ADDRESS	9 ISLAND AVENUE, APT. 2314
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	P
NAME	KOENIG, STEWART H
STREET ADDRESS	9 ISLAND AVE., APT. 2314
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/05-80055-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/05      305-672-8005