2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ADD

Jan 28, 2004 08:00 AM DOCUMENT # V41597 **Secretary of State** 1. Entity Name ATLANTIC MOBIL ENTERPRISES, INC. Principal Place of Business Mailing Address 650 S. ATLANTIC AVE. ORMOND BEACH FL 32176 650 S. ATLANTIC AVE ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3138999 Not Applicable Zιο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALKOREK, ABDUL B. Street Address (P.O. Box Number is Not Acceptable) 650 S. ATLANTIC AVE. ORMOND BEACH FL 32176 City 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 Signature typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when registating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE U00000017334 TITLE NAME ALKOREK, ABDUL B NAME 01/28/04-80090-018 150.00 STREET ADDRESS 1727 LOUISANA ROAD STREET ADDRESS CITY - 57 - 71P DAYTONA BEACH FL 32119 CITY-ST-ZIP Addition Change ☐ Delete BIRF ESTSE ALKOREK, DEBRA A MAME NAME STREET ADDRESS STREET ADDRESS 1727 LOUISANA ROAD CITY - ST - ZIP DAYTONA BEACH FL 32119 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE MAME MARKE STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP Change Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Chance. ☐ Addition MILE Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Addition Addition TITLE Change ☐ Defete TELE NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST- ZIP CITY-ST-ZIP 12. I hereby cerbfy 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.

FILED

KOREK ABDUL B. 1/21/2004 (386) 676-2178