

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90268 001 ***300.00

DOCUMENT # V50131

1. Entity Name
2751 WEST ATLANTIC, INC.



Principal Place of Business
2701 WEST ATLANTIC BLVD
POMPANO BEACH, FL 33069-2549 US

Mailing Address
2701 WEST ATLANTIC BLVD
POMPANO BEACH, FL 33069-2549 US

66407003



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0347550

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAMEH, MOHAMMAD S
11797 WATERCREST LANE
BOCA RATON, FL 33498

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALAMEH, MOHAMMAD
STREET ADDRESS	11797 WATERCREST LANE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	V
NAME	NASR, NUHA
STREET ADDRESS	11797 WATERCREST LANE6
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #