

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90029 022 ***150.00

DOCUMENT # V50131

1. Entity Name
2751 WEST ATLANTIC, INC.



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

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

200003720



01142005 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

1/17/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

MOHAMMAD SALAMEH

DATE

1/17/05

DAYTIME PHONE #

954-214-2527