


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 009 ***150.00

DOCUMENT # V70924 1. Entity Name ATLANTIC CORPORATE TRAVEL ENTERPRISES, INC.	
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Principal Place of Business 9155 S. DADELAND BLVD. STE 1410 MIAMI, FL 33156 US	Mailing Address 9155 S. DADELAND BLVD. STE 1410 MIAMI, FL 33156 US
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DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0362091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MADELINE
11036 SW 132 CT., UNIT 1
MIAMI, FL 33186

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MADELINE 11036 SW 132 CT., UNIT 1 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DaSilveira, Jose Mauricio 9492 S.W. 124 Terr. Miami, FLA 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Madelina Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____