


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90115 025 \*\*\*150.00

**DOCUMENT # P04000056742**

1. Entity Name  
 1004 ATLANTIC I CORP.



Principal Place of Business  
 901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES, FL 33134

Mailing Address  
 901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
*104 Crandon Blvd*

3. Mailing Address  
*104 Crandon Blvd*

Suite, Apt. #, etc.  
*302*

City & State  
*Key Biscayne Fl.*

City & State  
*Key Biscayne Fl.*


Zip  
*33149*

Country  
*USA*

Zip  
*33149*

Country  
*USA*

40000000



04272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.  
 901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES, FL 33134

4. FEI Number  
*20-1213218*

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
*Anibal Roa*

Street Address (P.O. Box Number is Not Acceptable)  
*104 Crandon Blvd 302*

City  
*Key Biscayne* FL Zip Code  
*33149*

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]* DATE: *04/27/05*

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

**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	D	<input type="checkbox"/> Delete
NAME	VILLAMIL, ANIBAL R	
STREET ADDRESS	% 104 CRANDON BOULEVARD SUITE 302	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE: *04/27/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR