


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90018 040 \*\*\*150.00

<b>DOCUMENT # P04000056742</b>	
1. Entity Name 1004 ATLANTIC I CORP.	

Principal Place of Business 104 CIANDON BLVD SUITE 302 KEY BISCAIYNE, FL 33149	Mailing Address 104 CIANDON BLVD SUITE 302 KEY BISCAIYNE, FL 33149
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2. Principal Place of Business - No P.O. Box # <b>104 CRANDON BLVD.</b>	3. Mailing Address <b>104 CRANDON BLVD.</b>
Suite, Apt. #, etc. <b>SUITE 302</b>	Suite, Apt. #, etc. <b>SUITE 302</b>

City & State <b>KEY BISCAIYNE, FL</b>	City & State <b>KEY BISCAIYNE, FL</b>
Zip <b>33149</b>	Country <b>USA</b>
Zip <b>33149</b>	Country <b>USA</b>

03262008 Chg-P CR2E034 (12/06)

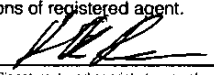


6. Name and Address of Current Registered Agent  ROA, DNIBAL 104 CRANDON BLVD, 302 KEY BISCAIYNE, FL 33149		7. Name and Address of New Registered Agent Name <b>ANIBAL ROA V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>104 CRANDON BLVD.</b> <b>SUITE 302</b> City <b>KEY BISCAIYNE, FL</b> Zip Code <b>33149</b>	
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4. FEI Number <b>20-1213218</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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: **04-01-08**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VILLAMIL, ANIBAL R</b> <b>% 104 CRANDON BOULEVARD SUITE 302</b> <b>KEY BISCAIYNE, FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANIBAL ROA V.</b> <b>104 CRANDON BLVD. SUITE 302</b> <b>KEY BISCAIYNE, FL 33149</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **04-01-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #