


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90043 044 \*\*\*163.75

**DOCUMENT # P01000039958**

1. Entity Name  
**FIRST ATLANTIC REALTY, INC.**



Principal Place of Business  
**761 W OAKLAND PK BLVD  
 FORT LAUDERDALE, FL 33311**

Mailing Address  
**761 W OAKLAND PK BLVD  
 FORT LAUDERDALE, FL 33311**

2. Principal Place of Business  
**2101 South Andrews Ave**

3. Mailing Address  
**1956 Coral Gardens Dr.**

Suite, Apt. #, etc.  
**105**

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**


City & State  
**Fort Lauderdale, FL**

Zip  
**33316**

Country  
**USA**

Zip  
**33306**

Country  
**USA**



01302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**GRANO, JOSEPH A  
 761 W OAKLAND PK BLVD  
 FORT LAUDERDALE, FL 33311**

4. FEI Number  
**65-1102193**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**Grano, Joseph A. (same)**

Street Address (P.O. Box Number is Not Acceptable)  
**1956 Coral Gardens Dr. (new)**

City  
**Fort Lauderdale, FL**

Zip Code  
**33306**

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 Joseph A. Grano **J. Grano** DATE **1/30/04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANO, JOSEPH A 1956 CORAL GARDENS DRIVE FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE: Joseph A. Grano **J. Grano** DATE **1/30/04** DAYTIME PHONE # **9549310031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

PO1000039958  
44000756

Dear, Division of Corporations,

Please send a certified copy

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of my Uniform Bus Report To

my mailing address:

1956 Coral Gardens Dr.  
Wilton Manors, Ft. 33306.

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Thank You!

Joe Grano

Joe Grano  
954 931 0031