


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 639633
 1. Entity Name
ATLANTIC NATIONAL DEVELOPMENT CORP.



Principal Place of Business 301 ALMERIA AVE SUITE 200 CORAL GABLES, FL 33134 US	Mailing Address 301 ALMERIA AVE SUITE 200 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1943528	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GRAPPELL, ARNOLD
 301 ALMERIA AVE
 SUITE 200
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

U00000116509
 04/16/04-80067-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAPPELL, ARNOLD 301 ALMERIA AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAPPELL, MEL 301 ALMERIA AVE CORAL GABLES, FL
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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 like empowered.

SIGNATURE: Mel Grappell Date: 4-14-04 (305) 442-6708

MEL GRAPPELL