


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098939			
1. Entity Name ATLANTIC BRIDGE, INC.			
Principal Place of Business 1907 ELMWOOD AVENUE TAMPA, FL 33605		Mailing Address 1907 ELMWOOD AVENUE TAMPA, FL 33605	
DO NOT WRITE IN THIS SPACE			
		04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3677146	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEDLIAK, MILAN 1907 ELMWOOD AVENUE TAMPA, FL 33605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEDLIAK, MAREK 1907 ELMWOOD AVENUE TAMPA, FL 33605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSUTOVA, MARTA 1907 ELMWOOD AVENUE TAMPA, FL 33605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVKO, IVAN 1907 ELMWOOD AVENUE TAMPA, FL 33605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULYAS, PETER 1907 ELMWOOD AVENUE TAMPA, FL 33605		
TITLE 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)(f), 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: <i>MILAN SEDLIAK</i>		04/29/2004 435-603-0315	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	