

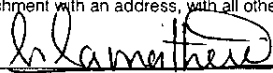


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009983 1. Entity Name EAST ATLANTIC BEVERAGES INC.					
Principal Place of Business 2701 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023			Mailing Address 2701 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023		
2. Principal Place of Business 4303 Hollywood Blvd. Suite, Apt. #, etc.		3. Mailing Address 4303 Hollywood Blvd. Suite, Apt. #, etc.			
City & State Hollywood		City & State Hollywood		4. FEI Number 59-2231234	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, JOSE CPA 12839 NW 18 TH COURT PEMBROKE PINES FLORIDA, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$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	PVTD ONISSERIL, JOSEPH <input type="checkbox"/> Delete 2701 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kochupurackal, Lila Mathew 4303 Hollywood Blvd. Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANDY, MATTHEW <input type="checkbox"/> Delete 2701 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chandy, Mathew 4303 Hollywood Blvd. Hollywood, FL 33021	
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 500040251235 08/17/04--01059--006 **\$61.25	
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	
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	
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	
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:  Lila Mathew Kochupurackal <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/06/04 (954) 989-7111 <small>Date Daytime Phone #</small>		