


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90012 011 ***158.75

DOCUMENT # P04000000640	
1. Entity Name EL PIRATA GROUP, INC.	

Principal Place of Business 350-2 GULF BLVD INDIAN ROCKS BEACH FL 33785	Mailing Address 350-2 GULF BLVD INDIAN ROCKS BEACH FL 33785
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04063430



MOORE CR2E034 (4/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number 59-3776026	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ALAN S CHRISTNER JR PA 350-2 GULF BLVD INDIAN ROCKS BEACH FL 33785

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Charles F. Lowe 9828 62nd Terrace North St. Petersburg, FL 33708
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 like empowered.

SIGNATURE  **Charles F. Lowe** **8-18-04** **727-393-8841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #