

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000070325

1. Entity Name
GULFATLANTIC TRADING GROUP CORPORATION



Principal Place of Business
4701 LYONS ROAD STE 242
COCONUT CREEK, FL 33073

Mailing Address
PO BOX 970530
COCONUT CREEK, FL 33097

2. Principal Place of Business 11179. MALAYAN ST Suite, Apt. #, etc. BOCA RATON FL	3. Mailing Address P.O.BOX 971101 Suite, Apt. #, etc. BOCA RATON FL
City & State Zip 33428	City & State Zip 33497
County PALM BEACH	Country PALM BEACH



04162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0782861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STYLES, MICHAEL J
629 SE 5 AVE
FT LAUDERDALE, FL 33301

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 *Anna M. Szeplaki* president

04/25/04

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME SZEPLAKI, ANNA M	
STREET ADDRESS 4701 LYONS ROAD STE 242	
CITY-ST-ZIP COCONUT CREEK, FL 33073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 11179. MALAYAN ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOCA RATON FL 33428	

TITLE VTD	<input type="checkbox"/> Delete
NAME SZEPLAKI, LAJOS	
STREET ADDRESS 4701 LYONS ROAD STE 242	
CITY-ST-ZIP COCONUT CREEK, FL 33073	

TITLE 11179. MALAYAN ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOCA RATON FL 33428	

TITLE M	<input type="checkbox"/> Delete
NAME SZEPLAKI, GABOR	
STREET ADDRESS 4701 LYONS ROAD STE 242	
CITY-ST-ZIP COCONUT CREEK, FL 33073	

TITLE 11179. MALAYAN ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOCA RATON FL 33428	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Anna M. Szeplaki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/04 561-702-8127

Date Daytime Phone #

**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90305 018 ***150.00