

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90305 018 ***150.00

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 BOCA RATON FL		City & State BOCA RATON FL		04162004 Chg-P CR2E034 (10/03)																									
Zip 33428 Country PALM BEACH		Zip 33497 Country PALM BEACH		4. FEI Number 65-0782861																									
6. Name and Address of Current Registered Agent STYLES, MICHAEL J 629 SE 5 AVE FT LAUDERDALE, FL 33301				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: <i>Anna M. Szeplaki</i> ANNA M. SZEPLAKI president 04/25/04 <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: <i>Anna M. Szeplaki</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04/25/04 561-702-8127 <small>Date Daytime Phone #</small>																									