


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000034783 1. Entity Name EL ATLANTIC, INC.	
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Principal Place of Business 2875 NE 191 ST, PH 1 AVENTURA, FL 33180	Mailing Address 2875 NE 191 ST, PH 1 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0910783	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

KLEIN, THEODORE J
88 NE 168 ST
N MIAMI BEACH, FL 33162

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

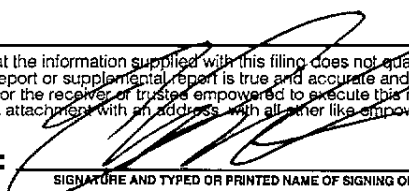
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000127295 04/23/04-80068-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SREDNI, ERWIN 2875 NE 171 ST PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROD, CAREN 2875 NE 171 ST PH1 AVENTURA, FL 33180
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IN THIS SPACE**

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:  **4-16-04** **305-945-0405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #