

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90388 029 ***150.00

DOCUMENT # 387668	
1. Entity Name TRANS OLYMPIA TOURS, INC.	

Principal Place of Business 20335 BISCAYNE BLVD #10 THE PROMENADE SHOPS N MIAMI BCH. FL 33180	Mailing Address 20335 BISCAYNE BLVD #10 THE PROMENADE SHOPS N MIAMI BCH. FL 33180
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2. Principal Place of Business 18851 NE 29th AVE Suite, Apt. #, etc. SUITE 768 City & State MIAMI BEACH FLORIDA Zip 33180 Country FLORIDA	3. Mailing Address 18851 NE 29th AVE Suite, Apt. #, etc. SUITE 768 City & State MIAMI BEACH FLORIDA Zip 33180 Country FLORIDA
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MOORE CR2E034 (11/03)

4. FEI Number 59-1367676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLIAKOS, NICKOLAS 20335 BISCAYNE BLVD #10 NORTH MIAMI BCH FL 33180	
7. Name and Address of New Registered Agent Name FLIAKOS, NICKOLAS Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AVE SUITE 768 City MIAMI BEACH FL Zip Code 33180	

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLIAKOS, NICKOLAS 3500 MYSTIC PT DR. #1402 AVENTURA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLIAKOS, MARY 3500 MYSTIC PT DR, #1402 AVENTURA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:  **NICKOLAS FLIAKOS** **4/1/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #