


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2004 90388 029 \*\*\*150.00

<b>DOCUMENT # 387668</b>	
<b>1. Entity Name</b> TRANS OLYMPIA TOURS, INC.	

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

<b>4. FEI Number</b> 59-1367676	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> FLIAKOS, NICKOLAS 20335 BISCAYNE BLVD #10 NORTH MIAMI BCH FL 33180	
<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <b>NAME</b> FLIAKOS, NICKOLAS <b>STREET ADDRESS</b> 3500 MYSTIC PT DR. #1402 <b>CITY-ST-ZIP</b> AVENTURA FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> FLIAKOS, MARY <b>STREET ADDRESS</b> 3500 MYSTIC PT DR. #1402 <b>CITY-ST-ZIP</b> AVENTURA FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<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 #