


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # f6421D
 1. Entity Name
OLYMPIA RESTAURANT
+ PIZZA INC.



FILED
 11 MAY 23 PM 2:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
1311 HERITAGE
 Suite, Apt. #, etc.
ACRES BLVD

3. Mailing Address
1311 HERITAGE
 Suite, Apt. #, etc.
ACRES BLVD

CR2E034B (1/11)

City & State
ROCKLEDGE FL.

City & State
ROCKLEDGE FL.

Zip
32955 Country
BREVARD

Zip
32955 Country
BREVARD

4. FEI Number
59-2235775

Applied For
 Not Applicable

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
HRYSOULA MITROPOULOS

Street Address (P.O. Box Number is Not Acceptable)
1311 HERITAGE ACRES BLVD

City
ROCKLEDGE FL Zip Code
32955

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 Hrysoula Mitropoulos DATE 5-18-11

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1; Fee is \$180.00
 After May 1; Fee is \$650.00
 Amended AR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

E-mail Address:
hrysoula@live.com
 E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES. PETER MITROPOULOS 1311 HERITAGE ACRES BLVD ROCKLEDGE FL. 32955</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP HRYSOULA MITROPOULOS 1311 HERITAGE ACRES BLVD ROCK. FL. 32955</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

2010207326482
 05/06/11 01:04:01 PM +150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: PETER MITROPOULOS DATE 5-18-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

5/23