## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** FILED Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # H97037 1. Entity Name PASVANTIS SERVICE, INC. Principal Place of Business Mailing Address 887 SE 13TH STREET 5391 N. FEDERAL HWY POMPANO BEACH FL 33064 DEERFIELD BEACH FL 33441-7049 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-2631407 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAFFNER, JERROLD E. 2395 DAVIE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . 5 go ture, typed or primed name of registered agent and stiel Larpi cable. (NOTE: Registered Agent a greature required when reinstating DATE FILE NOW!!! FEE:IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Addition Derete NAME PASVANTIS, VASILIOS NAME U00000800831 01/31/08-80033-003 150.00 887 SE 13TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIF TITLE Delete TITLE Change Addition NAME PASVANTIS, ELEFTHERIA NAME STREET ADDRESS 887 SE 13TH STREET STREET ADDRESS CITY: ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP THEE ☐ Derete IIILE □ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE ☐ Change nostibbA [ ] МАМ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete пп.е Addition | Change Change NAME NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Vasilios Pasvantis PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR