

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90005 015 \*\*\*158.75

**DOCUMENT # K67234**



1. Entity Name  
**VILLA ROSE PIZZA AND GROCERY OF HOLLYWOOD, INC.**

Principal Place of Business  
**% KOSTAS KIAGIADAKIS  
1114 N STATE RD 7  
HOLLYWOOD, FL 33021**

Mailing Address  
**% KOSTAS KIAGIADAKIS  
1114 N STATE RD 7  
HOLLYWOOD, FL 33021**

**54067536**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0098082**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KIAGIADAKIS, KOSTAS  
9600 SGA TURTLE DR  
FORT LAUDERDALE, FL 33324**

7. Name and Address of New Registered Agent

Name **Hara Kiagiadakis**

Street Address (P.O. Box Number is Not Acceptable)

**9600 Sea Turtle Dr.**

City **Plantation**

FL

Zip Code **33324**

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 **H Kiagiadakis / Hara Kiagiadakis / President**

DATE **8/5/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **KIAGIADAKIS, NARA**  
STREET ADDRESS **9600 SEA TURTLE DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
NAME **Kostas Kiagiadakis**  
STREET ADDRESS **9600 Sea Turtle Dr.**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **H Kiagiadakis / Hara Kiagiadakis**

DATE **8/5/04**

DAYTIME PHONE # **(954) 981-5622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #