

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N93000000809

1. Entity Name

MEGAS ALEXANDROS, INC.



FILED
Mar 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

125 SOUTH HOLLYWOOD AVE.
DAYTONA BEACH FL 32118

Mailing Address

P.O. BOX 5103
DAYTONA BEACH FL 32118



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3176889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DIMITRIOUS, TOMIAS
125 S HOLLYWOOD AVE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SPIROS, KOSTARIDIS
STREET ADDRESS 319 MOSS AVE
CITY-STATE-ZIP HARBOR OAKS FL

TITLE SD ☐ Delete
NAME DEMETRIOS, TOMAIS
STREET ADDRESS 125 SOUTH HOLLYWOOD AVE.
CITY-STATE-ZIP DAYTONA BEACH FL-32118

TITLE TD ☐ Delete
NAME TOMAIS, MARIA
STREET ADDRESS 125 S. HOLLYWOOD AVE.
CITY-STATE-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete
NAME TSIONGAS, CHRISTOPHER
STREET ADDRESS 350 PELICAN AVENUE
CITY-STATE-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete
NAME KOSTARIDIS, D K
STREET ADDRESS 319 MOSS AVE
CITY-STATE-ZIP HARBOR OAKS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. I hereby certify that the information supplied with this filing 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 617, 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:

[Signature]

3/5/07 -