

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051109

**FILED
Aug 24, 2004
Secretary of State**

Entity Name: ALEX-PARAS NEEDLE ART, INC.

Current Principal Place of Business:

2113 CENTRAL AVE
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

6650 SUNSET WAY, #515
ST. PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 59-3732382 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GEORGES, RICHARD M
3656 FIRST AVE. N.
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KATSARAKES, KONDYLO
Address: 6650 SUNSET WAY, #515
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DS () Delete
Name: SINGLETON, SUSAN CARL-
Address: 6650 SUNSET WAY, #515
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DT () Delete
Name: KATSARAKES, GEORGE S
Address: 6650 SUNSET WAY, #515
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KONDYLO KATSARAKES

DP

08/24/2004

Electronic Signature of Signing Officer or Director

_____ Date