


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 005 ***150.00

DOCUMENT # P01000093658

1. Entity Name
THE GREEK EATERY, INC.



Principal Place of Business Mailing Address

3118 NORTH FEDERAL HIGHWAY **3118 NORTH FEDERAL HIGHWAY**
LIGHTHOUSE POINT FL 33064 **LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business 3. Mailing Address

5027 N. Federal Hwy *5027 N. Federal Hwy*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lighthouse Point *Lighthouse Point*
 Zip Country Zip Country
33064 *Broward* *33064* *Broward*



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MANTZORANIS, KONSTANTINOS
3118 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

4. FEI Number Applied For

65-1143351 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5027 N. Federal Hwy

City State Zip Code
Lighthouse Point **FL** *33064*

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: *Konstantinos Mantzoranis* DATE: *2-4-04*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MANTZORANIS, KONSTANTINOS
STREET ADDRESS	6372 LA COASTA DRIVE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Konstantinos Mantzoranis* Date: *2-4-04* Daytime Phone #: *954-571-3842*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR