2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000033689

1. Entity Name
HIGHLANDER ACQUISITIONS, CORP.

Principal Place of Business	Mailing Address
330 GRECO AVE STE 102 CORAL GABLES, FL 33146	PO BOX 330537 MIAMI, FL 33233

04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0875886
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EKONOMOU, NICHOLAS E
330 GRECO AVE STE 102
CORAL GABLES, FL 33146

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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 _____ DATE
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EKONOMOU, NICK E
STREET ADDRESS	330 GRECO AVE STE 102
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	V
NAME	PFLUCKER, JIMMY E
STREET ADDRESS	330 GRECO AVE STE 102
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	S
NAME	EKONOMOU, NICHOLAS E
STREET ADDRESS	330 GRECO AVE STE 102
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	T
NAME	PFLUCKER, JIMMY E
STREET ADDRESS	330 GRECO AVE STE 102
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	EKONOMOU, NICHOLAS E
STREET ADDRESS	330 GRECO AVE STE 102
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	PFLUCKER, JIMMY E
STREET ADDRESS	330 GRECO AVE STE 102
CITY-ST-ZIP	CORAL GABLES, FL 33146

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04/28/05-80135-019 150.00

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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: _____ 4-20-05 (305) 860-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #