


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90002 042 ***150.00

DOCUMENT # P06000106383

1. Entity Name
APHRODITES CHILD CO



Principal Place of Business Mailing Address
1301 SEAFARER CIRCLE, #105 **1301 SEAFARER CIRCLE, #105**
JUPITER, FL 33477 **JUPITER, FL 33477**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1209 Main Street **1209 Main Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
309 **# 309**
 City & State City & State
Jupiter, Florida **Jupiter, Florida**

Zip Country Zip Country
33458 **U.S.** **33458** **U.S.**

6. Name and Address of Current Registered Agent
MAHONEY, SHANNON M
315-11TH ST.
W. PALM BCH, FL 33401

40114101



08112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
87-0781277 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)
 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: *Shannon Mahoney* Registered Agent DATE: **8-12-08**

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 Due by September 12, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIKOLAKOPILOS, TIANA A	NAME	1209 Main Street, # 309
STREET ADDRESS	1301 SEAFARER CIRCLE, #105	STREET ADDRESS	Jupiter, FL 33458
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIKOLAKOPILOS, TIANA A	NAME	1209 Main Street, # 309
STREET ADDRESS	1301 SEAFARER CIRCLE, #105	STREET ADDRESS	Jupiter, FL 33458
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Shannon Mahoney* Date: **8/23/08** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR