2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001383

1. Entity Name
AGV RESTAURANT CORPORATION

FILED
04 OCT -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
401 E. JACKSON ST SUITE 101 TAMPA, FL 33602 US	401 E. JACKSON ST SUITE 101 TAMPA, FL 33602 US

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3363071 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIMITRI, ATHANASOPOULOS 40 PINETREE CT. PALM HARBOR, FL 34683	Name: ELIZABETH ATHANASOPOULOS Street Address (P.O. Box Number is Not Acceptable): 40 PINE TREE COURT City: PALM HARBOR FL Zip Code: 34683

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: ELIZABETH ATHANASOPOULOS D/P E.C. Athanasopoulos 9-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ATHANASOPOULOS, DIMITRI 40 PINETREE CT. PALM HARBOR, FL 34683	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ATHANASOLOULOS, ELIZABETH 40 PINETREE CT PALM HARBOR, FL 34683	☐ Delete	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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10/04/04--01041--015 **550.00

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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: ELIZABETH ATHANASOPOULOS, P/D E.C. Athanasopoulos 9-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #