## **FILED** 2005 FOR PROFIT CORPORATION Mar 12, 2005 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P96000001383** 1. Entity Name AGV RESTAURANT CORPORATION Mailing Address Principal Place of Business 401 E. JACKSON ST 401 E. JACKSON ST SUITE 101 SUITE 101 TAMPA, FL 33602 TAMPA, FL 33602 No Chg-P CR2E034 (10/03) 02222005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3363071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATHANASOPOULOS, ELIZABETH DO NOT WRITE 40 PINETREE CT. PALM HARBOR, FL 34683 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ATHANASOLOULOS, ELIZABETH U00000260538 03/12/05-80027-022 150.00 STREET ADDRESS 40 PINETREE CT CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attactorient with an Address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #