

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000106026

**Entity Name:** TASTE OF GREECE, INC.

**Current Principal Place of Business:**

MYKONOS REST  
145 WEKIVA SPRINGS RD. 133  
LONGWOOD, FL 32779

**Current Mailing Address:**

MYKONOS REST  
145 WEKIVA SPRINGS RD. 133  
LONGWOOD, FL 32779 US

**FEI Number:** 59-3755562

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAROUTSOS, KOSTADIA T  
305 SIR LAWRENCE DR.  
SANFORD, FL 32773 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PST  
Name KAROUTSOS, KOSTADIA  
Address 305 SIR LAWRENCE DR.  
City-State-Zip: SANFORD FL 32773

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KOSTADIA KAROUTSOS

**PRESIDENT**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date