

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 467510**  
 1. Entity Name  
 HELLENIC SHIP SUPPLY, INC.



|   |   |
|---|---|
| Principal Place of Business<br>1016 CHANNELSIDE DRIVE<br>PO BOX 5192<br>TAMPA, FL 33602-3637 US | Mailing Address<br>1016 CHANNELSIDE DRIVE<br>PO BOX 5192<br>TAMPA, FL 33602-3637 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1569920                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 KORAKIS, LOUISE  
 98 MARTINIQUE AVE  
 TAMPA, FL 33606

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000511580^M  
 04/29/06 00053 023 158.00^M

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | KORAKIS, ALEXANDROS |
| STREET ADDRESS | 98 MARTINIQUE AVE   |
| CITY-ST-ZIP    | TAMPA, FL           |
| TITLE          | PD                  |
| NAME           | KORAKIS, LOUISE     |
| STREET ADDRESS | 98 MARTINIQUE AVE   |
| CITY-ST-ZIP    | TAMPA, FL           |
| TITLE          | VPD                 |
| NAME           | ALEXANDER KORAKIS   |
| STREET ADDRESS | 3914 W INMAN DR     |
| CITY-ST-ZIP    | TAMPA, FL 33609     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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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: *Louise Korakis* **Louise Korakis** 7/1/06 813-229-1507  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #