

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 478888

1. Entity Name
ATHENS HOTELS, INC.



Principal Place of Business
**7660 SW 124 STREET
MIAMI, FL 33156**

Mailing Address
**P.O BOX 566448
PINECREST, FL 33256**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1607180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JUAN PAPADOPULOS
7660 SW 124 STREET
MIAMI, FL 33156**

**DO NOT WRITE
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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000902912

04/30/08 80025-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAPADOPULOS, JUAN PD 7660 S.W. 124TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAPADOPULOS, PATRICIA 7660 S.W. 124TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAPADOPULOS, JUAN E. 11721 SW 115 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPADOPULOS, CONSTANTINO 7660 SOUTHWEST 124 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

(305) 263-6985

Daytime Phone #