


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002494</b> 1. Entity Name EFESOS PROPERTIES N.V., INC.	
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Principal Place of Business 9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157	Mailing Address 9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BROWN, B. MACKAY ESQ.  
C/O WHITE & BROWN, P.A.  
9000 S.W. 152ND STREET, SUITE 102  
MIAMI, FL 33157

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	MOUZAKIS, ATHINA
STREET ADDRESS	9000 S.W. 152ND STREET, SUITE 106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V
NAME	MOUZAKI, DESPINA
STREET ADDRESS	9000 S.W. 152ND STREET, SUITE 106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V
NAME	MOUZAKI, PARASKEVI
STREET ADDRESS	9000 S.W. 152ND STREET, SUITE 106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MGR
NAME	SANZ, JOSEPH A
STREET ADDRESS	9000 S.W. 152ND STREET, SUITE 106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000152445  
05/04/04-80086-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4-30-04** **305-2788400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #