2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002494

1. Entity Name
EFESOS PROPERTIES N.V., INC.

Principal Place of Business	Mailing Address
9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157	9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157

01202005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2163919
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80103-017 150.00

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/11/05 305-278-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #