

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90021 040 \*\*\*150.00

**DOCUMENT # F32309**

1. Entity Name  
**GREEK BYZANTINE CUISINE, INC.**



Principal Place of Business  
**C/O STEVE COCALIDES  
3052 COLLINGSWOOD BLVD  
PORT CHARLOTTE, FL 33948 US**

Mailing Address  
**P O BOX 380666  
MURDOCK, FL 33938 US**

**24049061**



**DO NOT WRITE IN THIS SPACE**

04112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2186672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**COCALIDES, STEVE  
3052 COLLINGSWOOD BLVD  
PORT CHARLOTTE, FL 33948**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P R E S I D E N T. COCALIDES, STEVE 3052 COLLINGSWOOD BLVD PORT CHARLOTTE, FL 33948</b>
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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: Steve Coccalides, PRESIDENT. 4/11/04 (941) 627-0439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #