

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90282 044 \*\*\*158.75

<b>DOCUMENT # F50496</b> 1. Entity Name <b>CORAL SPRINGS CENTER, INC.</b>					
Principal Place of Business <b>9851-9865 W SAMPLE ROAD*</b> <b>P.O. BOX 670913</b> <b>CORAL SPRINGS, FL 33067 US</b>			Mailing Address <b>P.O. BOX 670913</b> <b>CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2140762</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KARACHALIAS, ELEUTHERE</b> <b>6520 NW 56 DR</b> <b>CORAL SPRINGS, FL 33067</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P. KARACHALIAS, ELEUTHERE <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 670913 CITY-ST-ZIP CORAL SPRINGS, FL 33067			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS	<b>Vice President / Director</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>Dimitra Lampidis Karachalias</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>6520 NW 56th Drive</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>Coral Springs, FL 33067</b>
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP				CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Eleuthere Karachalias</i></u> <span style="float: right;">4-25-05 / 954-344-9895</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					