


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G95046</b> 1. Entity Name VASILAKION CORPORATION	
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Principal Place of Business 9610 GULF BLVD. 100 TWIGGS ST. #300 TREASURE ISL., FL 33706	Mailing Address 9610 GULF BLVD. 100 TWIGGS ST. #300 TREASURE ISL., FL 33706
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06042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2394868	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

KOSMAKOS, KONSTANTINOS  
9610 GULF BLVD.  
TREASURE ISLAND, FL 33706

**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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST KOSMAKOS, KONSTANTINOS 9610 GULF BLVD TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KOSMAS, KOSMAKOS 9610 GULF BLVD TREASURE ISLAND, FL 33706
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09/07/07-80002-001 150.00

**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

9-05-07

Date Daytime Phone #

KOSMAS KOSMAKOS