## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 27, 2008 08:00 AN Secretary of State

| DOCUMENT # G95046  1. Entity Name VASILAKION CORPORATION  |  |                       | Secretary of Sta   | 41        |
|---|--|-----------------------|--|-----------|
| :9610 GULF BLVD.<br>100 TWIGGS ST. #300   | Mailing Address                                    |                       |  |           |
| DO NOT WRITE II   | N THIS SPA   | CE                    | 04242008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For   | _         |
| 6. Name and Address of Current Regi   |  |                       | 4. FEI Number Applied For S9-2394868 Not Applieable  5. Certificate of Status Desired \$8.75 Additional Fee Required | 3         |
| KOSMAKOS, KONSTANTINOS<br>9610 GULF BLVD.<br>TREASURE ISLAND, FL 33706  |  |                       | DO NOT WRITE<br>IN THIS SPACE  |           |
| The above named entity submits this statement for the the obligations of registered agent.      SIGNATURE  Signature, typed or printed name of registered agent and tife.         |  | red office or registe | lered agent, or both, in the State of Florida. I am familiar with, and accept  |           |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00   | Election Campaign Fina<br>Trust Fund Contribution. | ncing , \$5           | 5.00 May Be dided to Fees  | - -       |
| 10. OFFICERS AND DIRE   | CTORS  | 1                     | 1 ,  | +         |
| TITLE ST  NAME KOSMAKOS, KONSTANTINOS  STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL 33706  TITLE P  NAME KOSMAS, KOSMAKOS  STREET ADDRESS GITY-ST-ZIP TREASURE ISLAND, FL 33706 |  | -                     | U00000952176<br>06/04/08-80067-016 150.00  |           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   |  |                       | DO NOT WRITE<br>IN THIS SPACE  |           |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |  | 10,                   |  | <i>c.</i> |

12. I hereby certify that the information supplied with his filling toes 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 tree approached 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 of bowered 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** 

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND THEE OR PRINTED NAME OF BYONING OFFICER OR DIRECTOR

5-22-08 727-367.37

Daytime Pho