

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H38624**

1. Entity Name  
**ATHOS CORP.**



Principal Place of Business  
**28870 US HWY 19 NORTH  
SUITE 300  
CLEARWATER, FL 33761 US**

Mailing Address  
**2451 MCMULLEN BOOTH ROAD  
STE 312  
CLEARWATER, FL 33759 US**



02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2622420**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

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

**ANDROS CORPORATION  
2451 MCMULLEN BOOTH RD.  
STE 312  
CLEARWATER, FL 33759**

**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  
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          | PD                      |
| NAME           | FARANTATOS, G N         |
| STREET ADDRESS | 28870 US 19 N., STE 300 |
| CITY-ST-ZIP    | CLEARWATER, FL          |
| TITLE          | VST                     |
| NAME           | APONTE, CARLOS          |
| STREET ADDRESS | 28870 US 19 N., STE 300 |
| CITY-ST-ZIP    | CLEARWATER, FL          |
| TITLE          | VP                      |
| NAME           | VASILIOU, GEORGE        |
| STREET ADDRESS | 2451 MCMULLEN BOOTH 312 |
| CITY-ST-ZIP    | CLEARWATER, FL 33759    |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

UND0000360822  
05/05/05-80046-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 14, 2005

(727)7990111