## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # H59523 1. Entity Name STAVROS CORPORATION Principal Place of Business Mailing Address 2451 MCMULLEN BOOTH RD. 2451 MCMULLEN BOOTH RD. **SUITE 312** SUITE 312 CLEARWATER, FL 33759 US CLEARWATER, FL 33759 04152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2692422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDROS CORPORATION DO NOT WRITE 2451 MCMULLEN BOOTH **STE 312** IN THIS SPACE CLEARWATER, FL 33759 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FARANTATOS, G.N. STREET ADDRESS 2451 MCMULLEN S STE 312 CITY-ST-ZIP CLEARWATER, FL 33759 TITLE APONTE, CARLOS NAME STREET ADDRESS 2451 MCMULLEN BOOTH STE 312 CITY-ST-ZIP CLEARWATER, FL 33759 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of Tysfee 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 a receivers of the corporation of the corpor

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