


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90010 014 ***150.00

DOCUMENT # J08221	
1. Entity Name KONSTANTINO'S, INC.	

Principal Place of Business C/O JOE'S 17 ST. DINER 1717 EISENHOWER BLVD. FT. LAUDERDALE FL 33316	Mailing Address C/O JOE'S 17 ST. DINER 1717 EISENHOWER BLVD. FT. LAUDERDALE FL 33316
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2. Principal Place of Business		3. Mailing Address P.O. Box 11871	
Suite, Apt. #, etc.		Suite, Apt. #, etc. FT. LAUDERDALE, FL	
City & State		City & State	
Zip 33339	Country	Zip 33339	Country BROWARD



MOORE CR2E034 (11/03)

54024737

6. Name and Address of Current Registered Agent HALMOUKOS, KONSTANTINO C/O JOE'S 17TH STREET DINER 1717 EISENHOWER BLVD. FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALMOUKOS, KONSTANTINO 1151 NORTH ATLANTIC BLVD. #17-C FT. LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #