


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

|   |   |
|---|---|
| <b>DOCUMENT # J66772</b>                              |  |
| 1. Entity Name<br><b>ALEX FAMILY RESTAURANT, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>305 CORONADO DR<br/>CLEARWATER BEACH FL 33767<br/>US</b> | Mailing Address<br><b>1996 BONNIE COURT<br/>DUNEDIN FL 34697<br/>US</b> |
|--|---|



MOORE CR2E034 (11/03)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2804194</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>ALOIZKIS, OURANIA.<br/>305 CORONADO DR.<br/>CLEARWATER BEACH FL 34630</b> |
|---|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| 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 *Ourania Aloizakis* (NOTE: Registered Agent signature required when reinstating) DATE 2-17-04

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | P <input type="checkbox"/> Delete  |
| NAME                       | GALIATSATOS, ALEX                  |
| STREET ADDRESS             | 2141 ANDREWS COURT                 |
| CITY - ST - ZIP            | DUNEDIN FL 34698                   |
| TITLE                      | ST <input type="checkbox"/> Delete |
| NAME                       | ALOIZAKIS, OURANIA.                |
| STREET ADDRESS             | 1996 BONNIE COURT                  |
| CITY - ST - ZIP            | DUNEDIN FL                         |
| TITLE                      | V <input type="checkbox"/> Delete  |
| NAME                       | ALOIZAKIS, ANTHONY                 |
| STREET ADDRESS             | 1996 BONNIE COURT                  |
| CITY - ST - ZIP            | DUNEDIN FL                         |
| TITLE                      | S <input type="checkbox"/> Delete  |
| NAME                       | GALIATSATOS, STAMO                 |
| STREET ADDRESS             | 2141 ANDREWS COURT                 |
| CITY - ST - ZIP            | DUNEDIN FL 34698                   |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. |   |
|--|---|
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |
| STREET ADDRESS   |   |
| CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |
| STREET ADDRESS   |   |
| CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |
| STREET ADDRESS   |   |
| CITY - ST - ZIP  |   |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |   |
| STREET ADDRESS   |   |
| CITY - ST - ZIP  |   |

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: *Anthony Aloizakis* DATE 2/17/04 (727) 4474560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR