



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90073 044 \*\*\*158.75

<b>DOCUMENT # K47913</b> 1. Entity Name <b>STOP INVESTMENTS, INC.</b>																													
Principal Place of Business <b>C/O E VARELIS</b> <b>1104 MALLORC DR.</b> <b>BRADENTON BEACH, FL 34209 US</b>			Mailing Address <b>C/O AVP ACCOUNTING LTD</b> <b>215-534 LAWRENCE AVE. W.</b> <b>TORONTO, ON M6A 1-2 CA</b>																										
2. Principal Place of Business		3. Mailing Address		  03252005    Chg-P    CR2E034 (10/03)																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <b>65-0251276</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>VARELIS, EVA</b> <b>C/O E. VARELIS</b> <b>1104 MALLORC DR.</b> <b>BRADENTON, FL 34209</b>																									
7. Name and Address of New Registered Agent  Name <b>SOTIRIOS VARELIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1104 MALLORC DR.</b> <b>BRADENTON</b> City <b>FL</b> Zip Code <b>34209</b>				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 <u>SOTIRIOS VARELIS</u> DATE <u>MARCH 25, 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:70%; padding: 2px;">D</td> <td style="width:20%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">VARELIS, EVA</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1104 MALLORC DR.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">BRADENTON BEACH, FL 34209</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	VARELIS, EVA		STREET ADDRESS	1104 MALLORC DR.		CITY-ST-ZIP	BRADENTON BEACH, FL 34209		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:70%; padding: 2px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">215-534 LAWRENCE AVE. W.</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TORONTO-ON., M6A 1A2, CANADA</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	215-534 LAWRENCE AVE. W.	CITY-ST-ZIP	TORONTO-ON., M6A 1A2, CANADA				
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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: <u>EVA VARELIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>MAR. 25, 05</u> Daytime Phone # <u>416-783 2222</u>																									