2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 08:00 AM
Secretary of State

DOCUMENT # M95506

1. Entity Name
KOSTALEX INVESTMENTS LTD., INC

Principal Place of Business	Mailing Address
3665 BATTERSEA ROAD MIAMI, FL 33133	% JOHN C. SCURTIS P O BOX 331070 MIAMI, FL 33233

DO NOT WRITE IN THIS SPACE

06162004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2039683
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCURTIS, JOHN C.
3665 BATTERSEA RD
MIAMI, FL 33133

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: _____ U00000162852
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when addressing) 06/24/04-80002-020 150.00

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b) F.S., the corporation did not receive the p for notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAPASAKELARIOU, CONSTANTINO
STREET ADDRESS	MADRICES A IBARRAS NO. 4
CITY-ST-ZIP	CARACAS, VZ
TITLE	P
NAME	PAPASAKELARIOU, CONSTANTINO
STREET ADDRESS	MADRICES A IBARRAS NO. 4
CITY-ST-ZIP	CARACAS, VZ
TITLE	P
NAME	PAPASAKELARIOU, KIRIAKI
STREET ADDRESS	MADRICES A IBARRAS NO. 4
CITY-ST-ZIP	CARACAS, VZ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 06/16/04 305-669-1130.
SIGNATURE AND IF REQUIRED, THE OFFICE HELD BY SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #