

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M95506

1. Entry Name
KOSTALEX INVESTMENTS LTD., INC.



Principal Place of Business

**3665 BATTERSEA ROAD
MIAMI, FL 33133 US**

Mailing Address

**JOHN C. SCURTIS
P. O. BOX 331070
MIAMI, FL 33233 US**



04042006 No Chg P GR2E034 (11/05)

4. FEI Number
74-2039683

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000501111
04/25/06-80048-016 158.75**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PAPASAKELARIOU, CONSTANTINO**
STREET ADDRESS **MADRICES A IBARRAS NO. 4**
CITY-STATE-ZIP **CARACAS, VE**

TITLE **P. T**
NAME **PAPASAKELARIOU, CONSTANTINO**
STREET ADDRESS **MADRICES A IBARRAS NO. 4**
CITY-STATE-ZIP **CARACAS, VE**

TITLE **VP**
NAME **PAPASAKELARIOU, KIRIAKI**
STREET ADDRESS **MADRICES A IBARRAS NO. 4**
CITY-STATE-ZIP **CARACAS, VE**

TITLE **S**
NAME **PAPASAKELARIOU, KIRIAKI**
STREET ADDRESS **MADRICES A IBARRAS NO. 4**
CITY-STATE-ZIP **CARACAS, VE**

TITLE **AS**
NAME **KOUZOUNIS, ANTHONY**
STREET ADDRESS **512 RICHMOND AVENUE**
CITY-STATE-ZIP **HOUSTON, TX 77006**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 changed, or on an attachment with an address, with or without the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/06

305-6691