


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90393 039 \*\*\*150.00

<b>DOCUMENT # P00000052759</b> 1. Entity Name <b>AEGEAN ISLES GREEK RESTAURANT, INC.</b>					
Principal Place of Business <b>297 E PALMETTO PARK ROAD BOCA RATON FL 33432</b>			Mailing Address <b>3056 N.W. 5TH STREET MIAMI FL 33125</b>		
2. Principal Place of Business <b>297 E. Palmetto Rd</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Boca Raton FL</b>			City & State		
Zip <b>33432</b>		Country		Zip Country	
6. Name and Address of Current Registered Agent  <b>TSIAVOS, NICK 3250 NE 28TH STREET APT 403 FORT LAUDERDALE FL 33308-7438 1391 S. Ocean BLVD #603 POMPANO Beach, FL 33062</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSIAVOS, NICK <del>3250 N.E. 28TH ST., APT. 403</del> <del>FT. LAUDERDALE FL 33308-7438</del> <b>1391 S. Ocean BLVD</b> <b>POMPANO Beach, FL</b> <b>33062</b> <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:**  **04/08/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #