

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90020 012 ***150.00

DOCUMENT # P00000052759

1. Entity Name
AEGEAN ISLES GREEK RESTAURANT, INC.



Principal Place of Business
**297 E PALMETTO PARK ROAD
BOCA RATON, FL 33432**

Mailing Address
**3056 N.W. 5TH STREET
MIAMI, FL 33125**

40040000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

297 E Palmetto Pk Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008

Chg-P

CR2E034 (12/06)

City & State

City & State

Boca Raton, FL

4. FEI Number

65-1013026

Applied For

Not Applicable

Zip

Country

Zip

33432

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TSIAVOS, NICK
1391 S. OCEAN BLVD # 603
POMPANO BEACH, FL 33062**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
TSIAVOS, NICK
1391 S. OCEAN BLVD
POMPANO BEACH, FL 33062**

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12. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/08