


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2008 8:00 am**  
**Secretary of State**

08-20-2008 90002 007 \*\*\*150.00

DOCUMENT # P00000076225					
1. Entity Name DIMITRI & YANNI, INC.					
Principal Place of Business 121 TRIPLE DIAMOND BLVD UNIT 9 VENICE, FL 34275		Mailing Address 121 TRIPLE DIAMOND BLVD UNIT 9 VENICE, FL 34275			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1032907	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WETHERNGTON, BILLY 2250 GULF GATE DR SUITE C SARASOTA, FL 34236			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROVAS, DIMITRIOS	NAME			
STREET ADDRESS	838 TENNESSEE LANE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXAKIS, IOANNIS S	NAME			
STREET ADDRESS	828 S GONDOLA DR	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP			
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRIS ALEXAKIS	NAME			
STREET ADDRESS	828 S GONDOLA DR	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP			
TITLE	DIRECTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EMMANOUEL MIRODIAS	NAME			
STREET ADDRESS	501 ALBEE FARM RD	STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Ioannis S. Alexakis</i>			IOANNIS S. ALEXAKIS		941-780-7082
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Name</small>		<small>Owner Phone #</small>

40115000



07142008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1032907 Applied For Not Applicable

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

FL

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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 prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	TROVAS, DIMITRIOS
STREET ADDRESS	838 TENNESSEE LANE
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TITLE	D <input type="checkbox"/> Delete
NAME	ALEXAKIS, IOANNIS S
STREET ADDRESS	828 S GONDOLA DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	CHRIS ALEXAKIS
STREET ADDRESS	828 S GONDOLA DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	EMMANOUEL MIRODIAS
STREET ADDRESS	501 ALBEE FARM RD
CITY-ST-ZIP	VENICE FL 34285
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
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SIGNATURE: *Ioannis S. Alexakis* IOANNIS S. ALEXAKIS 941-780-7082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Name

Owner Phone #