


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 049 ***150.00

DOCUMENT # P00000088785	
1. Entity Name MEDITERRANEAN MARKET, INC.	

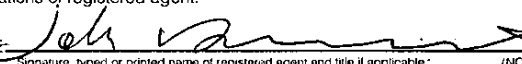
Principal Place of Business 914 S. PINELLAS AVE TARPON SPRINGS, FL 34689	Mailing Address 914 S. PINELLAS AVE TARPON SPRINGS, FL 34689
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2. Principal Place of Business	3. Mailing Address 744 ANCLOTE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State TARPON SPRINGS, FL
Zip	Country
	Zip 34689

6. Name and Address of Current Registered Agent VARVARESOS, JOHN 1868 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689	
7. Name and Address of New Registered Agent Name John Varvaresos Street Address (P.O. Box Number is Not Acceptable) 744 Anclote Rd City Tarpon Springs FL Zip Code 34689	

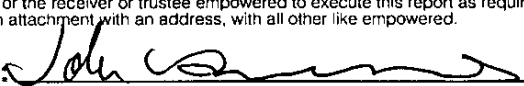
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARVARESOS, JOHN 1868 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689 <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:  **JOHN VARVARESOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #