


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P00000099945 |  |
| 1. Entity Name GREG ALIFERIS HOLDINGS, INC. | |

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| Principal Place of Business 2900 NE 33RD CT, STE 201 FT LAUDERDALE, FL 33306 | Mailing Address 2900 NE 33RD CT, STE 201 FT LAUDERDALE, FL 33306 |
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02282005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1050168 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROBINSON, GEOFFREY K ESQ 764 NE 111TH ST BISCAYNE PARK, FL 33161 |
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**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 installing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALIFERIS, GREG 2900 NE 33RD CT, STE 201 FT LAUDERDALE, FL 33306 |
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03/02/05-80028-016 150.00

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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)(f), 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 covered persons with all other like empowered.

SIGNATURE:  **GREG ALIFERIS** **2/28/05 954.561.4880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #