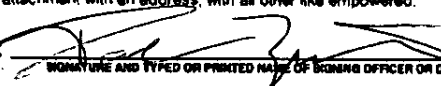


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 037 ***150.00

DOCUMENT # P0100Q028193			
1. Entity Name PAUL ZIOTAS, INC.			
Principal Place of Business 20 ISLAND AVE MIAMI BEACH, FL 33139		Mailing Address 20 ISLAND AVE MIAMI BEACH, FL 33139	
2. Principal Place of Business 117 1st Terrace San Marino Island Suite, Apt. #, etc.		3. Mailing Address 117 1st Terrace San Marino Island Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA
4. FEI Number 65-1088449		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIOTAS, PAUL 20 ISLAND AVE # 1114 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Ziotas, Paul Street Address (P.O. Box Number is Not Acceptable) 117 1st Terrace San Marino Island City Miami Beach FL Zip Code 33139	
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 4/28/04 (NOTE: Registered Agent's signature is required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	OP ZIOTAS, PAUL 20 ISLAND AVE MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP Ziotas, Paul 117 1st Terrace San Marino Island Miami Beach, FL 33139 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE 4/28/04 305-951-4680 Daytime Phone #	