

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000028586

Entity Name: A-M-A-S-T, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

123 AVENUE C, SW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1151  
WINTER HAVEN, FL 33882

**New Mailing Address:**

FEI Number: 31-1763451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAKAS, ANDREW P  
123 AVENUE C, S.W.  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MASTROMINAS, ANDREAS  
Address: 475 SHADY LANE  
City-St-Zip: BARTOW, FL 33830

Title: T  
Name: MASTROMINAS, NIKOLAOS  
Address: 475 SHADY LANE  
City-St-Zip: BARTOW, FL 33830

Title: S  
Name: NIKOLAIDES, FAYE E  
Address: 207 SANTA ROSA DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREAS MASTROMINAS

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02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date