

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032081

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: DELISKA TRADITIONS USA, INC.

## Current Principal Place of Business:

5698 109TH AVENUE NORTH  
PINELLAS PARK, FL 33728 US

## New Principal Place of Business:

## Current Mailing Address:

5698 109TH AVENUE NORTH  
PINELLAS PARK, FL 33728 US

## New Mailing Address:

FEI Number: 59-3709003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEAVEY, JOEL  
5698 109TH AVENUE NORTH  
PINELLAS PARK, FL 33728 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STANGO, DANIEL L  
Address: 7122 PARASOL LANE  
City-St-Zip: LAS VEGAS, NV 89147 US

Title: STD ( ) Delete  
Name: PAPPAS, WILLIAM  
Address: 101 EAST IMPERIAL HIGHWAY  
City-St-Zip: BREA, CA 92821

Title: D ( ) Delete  
Name: HALLER-DASKALIDES, DIMITRI  
Address: 645 BLVD DECARLE  
City-St-Zip: MONTREAL, QUE., CANADA,

Title: D ( ) Delete  
Name: NICOLOPOLHOS, JAMES  
Address: 500 DES LAURIERS  
City-St-Zip: ST. LAURENT, QUE., CANADA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HALLER-DASKALIDES, DIMITRI  
Address: 645 BLVD DECARLE  
City-St-Zip: MONTREAL, QUE., CANADA, QC H4L 3L3

Title: D (X) Change ( ) Addition  
Name: NICOLOPOULOS, JAMES  
Address: 500 DES LAURIERS  
City-St-Zip: ST. LAURENT, QUE., CANADA, QC H3N 2P8

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL STANGO

PD

07/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date