
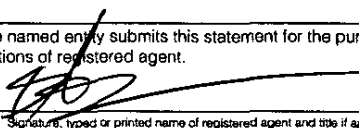
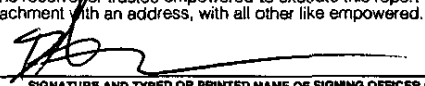


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90240 039 ***150.00

DOCUMENT # P01000036383 1. Entity Name ANAGNOSTOPOULOS INC.					
Principal Place of Business 100 JEFFERSON STREET SUITE 20 MIAMI BEACH, FL 33139			Mailing Address 35-49 38TH STREET ASTORIA, NY 11101		
2. Principal Place of Business 851 SW 171 TERRACE		3. Mailing Address Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-1105262	
Zip 33027		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANAGNOSTOPOULOS, DINO 100 JEFFERSON STREET SUITE 20 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name DINO ANAGNOSTOPOULOS Street Address (P.O. Box Number is Not Acceptable) 851 SW 171 TERRACE City Pembroke Pines FL Zip Code 33027	
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ANAGNOSTOPOULOS, DINO 100 JEFFERSON STREET MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINO ANAGNOSTOPOULOS 851 SW 171 TERRACE Pembroke Pines, FL 33027
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					