

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90319 031 ***150.00

DOCUMENT # P01000039071

1. Entity Name
PARKSIDE CAFE, INC.



Principal Place of Business
**8180 49TH STREET NORTH
PINELLAS PARK, FL 33781**

Mailing Address
**8180 49TH STREET NORTH
PINELLAS PARK, FL 33781**

40083244



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3708341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRIVAS, DIMITRIOS
8180 49TH STREET NORTH
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name **Georgia Madalvanos**

Street Address (P.O. Box Number is Not Acceptable)
8180 49th Street North

City **Pinellas Park** **FL** Zip Code **33781**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **DRIVAS, DIMITRIOS**
STREET ADDRESS **8180 49TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **V** ☐ Delete
NAME **MADALVANOS, ZISIMOS**
STREET ADDRESS **8180 49TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **S** ☐ Delete
NAME **MADALVANOS, GEORGIA**
STREET ADDRESS **8180 49TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **T** ☒ Delete
NAME **DRIVAS, ANGELA**
STREET ADDRESS **8180 49TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Madalvanos, Zisimos**
STREET ADDRESS **8180-49th Street North**
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE **V/S/T** ☒ Change ☐ Addition
NAME **Madalvanos, Georgia**
STREET ADDRESS **8180-49th Street North**
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V/S/T 727-741-2679