

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084009

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: HELLENIC ASPIS & ASSOCIATES INC.

## Current Principal Place of Business:

20 S BROAD STREET  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

## Current Mailing Address:

20 S BROAD STREET  
BROOKSVILLE, FL 34601

## New Mailing Address:

FEI Number: 30-0090577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
20 S BROAD STREET  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

FLORIDA BUSINESS FORMATION, INC  
20 S BROAD STREET  
BROOKSVILLE, FL 34601 US

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: JOHN DUNBAR

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/CE ( ) Delete  
Name: KIKAREAS, PANAGIOTIS  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP/S ( ) Delete  
Name: KIKAREAS, EVANGELIA  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: KIKAREAS, EVANGELIA  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: KIKAREAS, PANAGIOTIS  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP/D ( ) Delete  
Name: KIKAREAS, LEONIDAS  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D/S ( ) Delete  
Name: POLEMI, SMARAGDA  
Address: 20 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEONIDAS KIKAREAS

VP/D

04/15/2008

Electronic Signature of Signing Officer or Director

Date