


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**


04-15-2004 90032 008 \*\*\*150.00

<b>DOCUMENT # P02000003891</b>	
<b>1. Entity Name</b> GRECIAN LOOK, INC.	

<b>Principal Place of Business</b> 1040 WIDEVIEW AVE TARPON SPRINGS FL 34689	<b>Mailing Address</b> 1040 WIDEVIEW AVE TARPON SPRINGS FL 34689
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<b>2. Principal Place of Business</b> 1040 WIDEVIEW AVE	<b>3. Mailing Address</b> SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> TARPON SPRINGS FL	<b>City &amp; State</b>
<b>Zip</b> 34689	<b>Country</b> USA

	
<b>MOORE</b>	<b>CR2E034 (11/03)</b>
<b>4. FEI Number</b> 03-0385256	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> LERONTARITIS, JULIA 1040 WIDEVIEW AVE TARPON SPRINGS FL 34689	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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.**

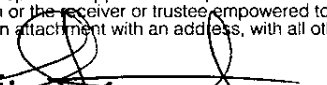
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> LEONTARITIS, JULIA	
<b>STREET ADDRESS</b> 1040 WIDEVIEW AVE	
<b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689	
<b>TITLE</b> OFFICER	<input type="checkbox"/> Delete
<b>NAME</b> LEONTARITIS, ANGIE	
<b>STREET ADDRESS</b> 1040 WIDEVIEW AVE	
<b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34689	
<b>TITLE</b> OFFICER	<input type="checkbox"/> Delete
<b>NAME</b> NICK LEONTARITIS	
<b>STREET ADDRESS</b> 638 HAVEN PLACE	
<b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34689	
<b>TITLE</b> SECR	<input type="checkbox"/> Delete
<b>NAME</b> ANGIE TSALICKIS	
<b>STREET ADDRESS</b> 1121 CLARISSA CT.	
<b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34689	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	OFFICER
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	OFFICER
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	SECRETARY
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  **JULIA LEONTARITIS** 4/5/04 727/934-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #