


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90018 033 ***150.00

DOCUMENT # P02000038671			
1. Entity Name KERAMITSA ENTERPRISES, INC.			
Principal Place of Business 800 S. GULFVIEW BLVD. 303 CLEARWATER, FL 33767		Mailing Address 800 S. GULFVIEW BLVD. 303 CLEARWATER, FL 33767	
2. Principal Place of Business - No P.O. Box # 3114 TIFFANY DR		3. Mailing Address 3114 TIFFANY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BELLEAIR BEACH, FL		City & State BELLEAIR BEACH, FL	
Zip 33784	Country	Zip 33784	Country
6. Name and Address of Current Registered Agent SIOUTIS, VASILIOS 800 S. GULFVIEW BLVD. UNIT 303 CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3114 TIFFANY DR City BELLEAIR BEACH FL Zip Code 33784	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD SIOUTIS, VASILIOS 800 S. GULFVIEW BLVD. UNIT 303 CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIOUTIS, VASILIOS 3114 TIFFANY DR BELLEAIR BEACH, FL 33786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Vasilios Sioutis</u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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02062008 Chg-P CR2E034 (12/06)

4. FEI Number 03-0418807 Applied For Not Applicable

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