

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P02000114805	
1. Entity Name ALEXANDROS REAL ESTATE GROUP INTERNATIONAL, INC.	

Principal Place of Business 800 E BAY DR STE E LARGO FL 33770	Mailing Address 1630 AMBERGLEN DRIVE DUNEDIN FL 34698
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2. Principal Place of Business - No P.O. Box # 800 E. Bay Dr.	3. Mailing Address 1630 Amberglen Dr.
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc.
City & State Largo, FL	City & State Dunedin, FL
Zip 33770	Zip 34698
Country USA	Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 83-0339987	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIASEVITS, MARIA 1630 AMBERGLEN DRIVE DUNEDIN FL 34698	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

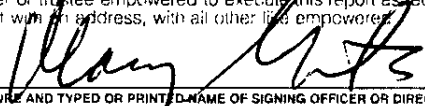
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title. (Not applicable) (NOTE: Registered Agent's signature required when not applicable) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D GIASEVITS, MARIA 1630 AMBERGLEN DRIVE DUNEDIN FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 00000028234 04/22/08-80046-002 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 life empowers.

SIGNATURE:  **4/14/08** **733-9422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date