
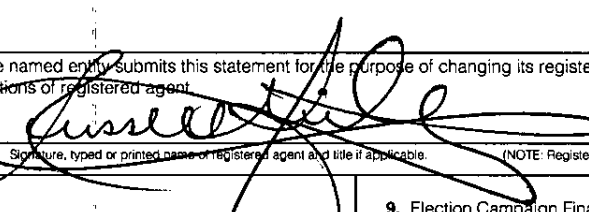
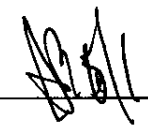
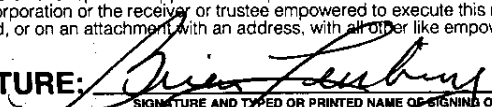


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007576					
1. Entity Name HELLENES, INC.					
Principal Place of Business 319 CLEMATIS ST W PALM BEACH, FL 33401			Mailing Address 319 CLEMATIS ST W PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address 6805 N.W. 80th Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tamarac Florida		4. FEI Number 11-3673504	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33321		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
Name			Rusell Mittler		
Street Address (P.O. Box Number is Not Acceptable)			6805 N.W. 80th Ct.		
City			Tamarac		
State			FL		
Zip Code			33321		
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 if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
Amended AR is \$61.25					
9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LETSOS, PETER 319 CLEMATIS ST W PALM BEACH, FL 33401				
<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Brian Leschinsky 319 Clematis Street West Palm Beach, FL 33401				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Angelo Letsos 319 Clematis Street West Palm Beach, FL 33401				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400037761984 06/08/04--01031--012 **75.00				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 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: 					
Signature and typed or printed name of signing officer or director					
Date: 5/15/04					
Daytime Phone #: 954-588-3406					