

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90004 012 ***150.00

DOCUMENT # P03000014143

1. Entity Name

GREEK FOOD & PASTRIES, INC.



Principal Place of Business
2301 HAWTHORNE DRIVE
CLEARWATER, FL 33763

Mailing Address
2301 HAWTHORNE DRIVE
CLEARWATER, FL 33763

2. Principal Place of Business - No P.O. Box #
2301 Hawthorne Drive

Suite, Apt. #, etc.

3. Mailing Address
2301 Hawthorne Drive

Suite, Apt. #, etc.

06082007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1146859

Applied For
Not Applicable

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

City & State
Clearwater, FL 33763

City & State
Clearwater, FL 33763

Zip Country
U S A

Zip Country
U S A

6. Name and Address of Current Registered Agent

VLAHOPOULOS, STEFANOS
2301 HAWTHORNE DRIVE
CLEARWATER, FL 33763

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 agent, if applicable. If not, Registered Agent's signature required when reinstating.

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME
PD VLAHOPOULOS, STEFANOS
STREET ADDRESS
2301 HAWTHORNE DRIVE
CITY, ST, ZIP
CLEARWATER, FL 33763 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY, ST, ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY, ST, ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY, ST, ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY, ST, ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY, ST, ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY, ST, ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY, ST, ZIP

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: Stefanos Vlahopoulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 18, 2007

DAY

(727) 791-0874

Daytime Phone #

ATTACHMENT

40121683
#P03600014143

GREEK FOOD & PASTRIES INC.

2301 Hawthorne Drive
Clearwater, FL. 33763

May 14, 2007

June 18, 2007

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. Box 8700
Tallahassee, Florida 32314

The address is the same: Stefanos Vlahopoulos
2301 Hawthorne Drive
Clearwater, Florida 33763

After my accident I can not operate the business. I hope to start again on the
MEMORIAL WEEKEND, The Doctor's name is DR.SUSHIL GEORGE

2385 Tampa Rd.

Unit #4

Palm Harbor, FL. 34683

Ph (727) 789-9477

Fax 789-9634

Enclosed you have the #1066 Check for the Annual Renewal Application. Sorry for
being late. Thank you for your cooperation.

Sincerely


Stefanos Vlahopoulos