

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000037882

1. Entity Name

ZOPHRES BUILDING, INC.



Principal Place of Business

220 N FIG TREE LN
PLANTATION FL 33317

Mailing Address

220 N FIG TREE LN
PLANTATION FL 33317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

57-1163858

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZOPHRES, WILLIAM
220 N FIG TREE LN
PLANTATION FL 33317

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 if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ZOPHRES, WILLIAM
STREET ADDRESS 220 N FIG TREE LN
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ Delete
NAME TSANTAR, ELEFHERIA
STREET ADDRESS 10091 NW ST
CITY-ST-ZIP PLANTATION FL 33322

TITLE D ☐ Delete
NAME PENSO, SOTIRIA
STREET ADDRESS 30 BORIN LN
CITY-ST-ZIP BOXFORD MA 01921

TITLE D ☐ Delete
NAME ANASTASIOU, APHRODITE
STREET ADDRESS 263 HIBISCUS AVE
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME 000000291400
STREET ADDRESS 04/07/05-80031-001 150.00
CITY-ST-ZIP

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

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

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

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

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 my address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM ZOPHRES 4/5/2005 954-589-8058

Date

Daytime Phone #