2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 04, 2004 8:00 am Secretary of State 5/10

FILED

05-10-2004 90454 008 ***150.00 **DOCUMENT # P03000101258** CRETA OLIVE OIL IMPORTS, INC. Principal Place of Business Mailing Address 66426439 5100 N. FEDERAL HIGHWAY 5100 N. FEDERAL HIGHWAY SUITE 409 SHITE 409 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Numbe 245AAAA Not Applicable Country Žip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGEL, LARRY 5100 N. FEDERAL HIGHWAY LEGEL. LARRY treet Address (P.O. Box Number is Not Acceptable)
800 W. CYPRESS CREEK RD. SUITE 409 FT. LAUDERDALE, FL 33308 SUITE 470 FORT LAUDERDALE 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 the obligations of registered agent. SIGNATURE DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTS LEGEL, LARRY TITLE Addition Delete Change NAME LEGEL, LARRY MAME 5100 N. FEDERAL HIGHWAY #409 800 W. CYPRESS CREEK RD., #470 STREET ADDRESS STREET ADDRESS CITY-ST-ZİP FT. LAUDERDALE, FL 33308 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE Change me ☐ Delete ■ Addition LIONAKIS, KONSTANTINOS NAME NAME 1320 HOLIDAY SPRING BLVD. 11 APT. 209 STREET ADORESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP D, TITLE Oelete TITLE ☐ Change ☐ Addition ROZAKIS, PANTELIS NAME NAME STREET ADDRESS 931 NW 47TH STREET STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-SI-ZF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-7/P TITLE ☐ Delete ITILE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78 ☐ Delete Change ☐ Addition TIFLE TITLE NAME NAME STREET ADDRESS STREET ADORESS ·CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attact, with an address, with all other like empowered. ARRY LEGAR SIGNATURE: