2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P05000027921 1. Entity Name SOTERIOS G. PAITAKIS INCORPORATED					(2)	04-28-2006 90205 032 ***150.00			
Principal Place of Business 626 SW COLLEGE PARK RD PT ST LUCIE, FL 34953		Mailing Address 626 SW COLLEGE PARK RD PT ST LUCIE, FL 34953			υυυυνινυ				
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172006	Chg-P	CR2E034 (11/	05)		
City & State		City & State			4. FEI Number	14859	442	Applied For Not Applicable	
Zip	Country	Zip Coun		try		f Status Desired	☐ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent	•		7. Name and	Address of New I	Registered Agent		
		·		Name					
PAITAKIS, SOTERIOS G 626 SW COLLEGE PARK RD PT ST LUCIE, FL 34953				Street Address (P.O. Box Number is Not Acceptable)					
	:	City		City			FL Zip	Code	
The above named entity submits this statement for the purpose of changing its registers									
the obligat	Signature, typed or printed name of registered open	y de	E: Registere	d Agent signature re	equired when reinstating) \$5.00 May Be	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4/2/0 DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.		_		Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIREC	TORS IN 11	
TITLE	PVST Deléte ` III		TITL	E			☐ Cha	inge 🔲 Addition	
NAME	. , . ,		NAM	II					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	1.0.200.2,12.0.000		CHY	'-ST-ZIP					
TITLE	D SATERIAGE	☐ Delete	TITL				Cha	ange 🔲 Addition	
NAME	PAITAKIS, SOTERIOS G		NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	626 SW COLLEGE PARK RD PT ST LUCIE, FL 34953			'-ST-ZIP					
	F1 31 E001E, 1 E 04993	☐ Delete	TITE		 -		□ Cha	ange 🔲 Addition	
NAME		L Delete	NAM	I .				ingo Caronion	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	r-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Cha	ange Addition	
NAME	İ		NAN	1					
STREET ADDRESS				EET ADDRESS /-St-zip					
CITY-ST-ZIP			TITL				☐ Ch;	ange	
TITLE NAME		☐ Delete	NAA	- 1				ange	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Cha	ange 🔲 Addition	
NAME			NAN	AE					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	Ī		¢m	r-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR