

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000027921 1. Entity Name SOTERIOS G. PAITAKIS INCORPORATED	
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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
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04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1485442	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAITAKIS, SOTERIOS G 626 SW COLLEGE PARK RD PT ST LUCIE, FL 34953
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**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	PAITAKIS, SOTERIOS G
STREET ADDRESS	626 SW COLLEGE PARK RD
CITY-ST-ZIP	PT ST LUCIE, FL 34953
TITLE	D
NAME	PAITAKIS, SOTERIOS G
STREET ADDRESS	626 SW COLLEGE PARK RD
CITY-ST-ZIP	PT ST LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80091-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 772 878 0934