

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000028776

1. Entity Name  
SAT OF BREVARD, INC.



Principal Place of Business  
31 E. NEW HAVEN AVE  
MELBOURNE, FL 32901

Mailing Address  
1498 VAN ECK RD E  
PALM BAY, FL 32907

FILED

08 SEP 25 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06102008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

41-2200131

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TSAMOUTALES, NICHOLAS-F  
5240 BABCOCK ST NE STE 307  
PALM BAY, FL 32905

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  
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
THEODOROPOULOS, THEODORE  
1487 VAN ECK RD NE  
PALM BAY, FL 32907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200136339932  
09/25/08--01040--025 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
THEODOROPOULOS, ADRIANE  
1487 VAN ECK RD NE  
PALM BAY, FL 32907 ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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: THEODORE THEODOROPoulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321) 723-5485