


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040249	
1. Entity Name PAPPAS FINANCIAL, INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP -8 PH 12: 50

Principal Place of Business 90 NE 133RD ST NORTH MIAMI, FL 33161	Mailing Address 90 NE 133RD ST NORTH MIAMI, FL 33161
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2. Principal Place of Business - No P.O. Box # <u>90 NE 133RD STREET</u>	3. Mailing Address <u>90 NE 133RD STREET</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08262008 Chg-P CR2E034 (12/06)

City & State <u>NORTH MIAMI, FL</u>	City & State <u>NORTH MIAMI, FL</u>	4. FEI Number 90-0264749	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33161</u>	Country <u>USA</u>	Zip <u>33161</u>	Country <u>USA</u>

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRODEL, WILLIAM H 4437 CENTRAL AVE ST PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAPPAS, THEODORE A 90 NE 133RD ST NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600135963526 09/16/08--01019--016 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Pappas 8-29-08 305 7692137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #