

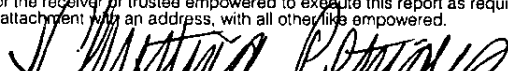


FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000051546		Secretary of State	
1. Entity Name FOS REALTY OF BREVARD, INC.			
Principal Place of Business 201 W HIBISCUS BLVD MELBOURNE, FL 32901		Mailing Address 201 W HIBISCUS BLVD MELBOURNE, FL 32901	
DO NOT WRITE IN THIS SPACE			
		02062008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-4667906	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/25/08-80053-009 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	SIKOLAS, MARIA I		
STREET ADDRESS	432 KREFELD RD NW		
CITY- ST- ZIP	PALM BAY, FL 32907		
TITLE	P		
NAME	PETRIDES, CHRISTINA		
STREET ADDRESS	432 KREFELD RD NW		
CITY- ST- ZIP	PALM BAY, FL 32907		
TITLE	D		
NAME	TOMAZOS, IRINI		
STREET ADDRESS	432 KREFELD RD NW		
CITY- ST- ZIP	PALM BAY, FL 32907		
TITLE	S		
NAME	TOMAZOS, SAVVAS		
STREET ADDRESS	432 KREFELD RD NW		
CITY- ST- ZIP	PALM BAY, FL 32907		
TITLE	V		
NAME	SIKOLAS, EFTHIMIOS		
STREET ADDRESS	432 KREFELD RD NW		
CITY- ST- ZIP	PALM BAY, FL 32907		
TITLE	D		
NAME	PETRIDES, NIKITAS		
STREET ADDRESS	432 KREFELD RD NW		
CITY- ST- ZIP	PALM BAY, FL 32907		
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: 		4/8/08 321-952-1776	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	