

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081412

Entity Name: FBTH ENTERPRISES INC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

782 SOUTH ROWE TERRACE  
LECANTO, FL 34461

## New Principal Place of Business:

## Current Mailing Address:

73 FORT POINT STREET  
NORWALK, CT 06855

## New Mailing Address:

FEI Number: 20-5867744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIKAKIS, KOSTANTINO S  
4600 SAWGRASS BLVD  
NEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BIKAKIS HAJIAN, FREDERIKA  
Address: 10 RAYMOND LANE  
City-St-Zip: NORWALK, CT 06855

Title: SECY ( ) Delete  
Name: HAJIAN, TONY  
Address: 10 RAYMOND LANE  
City-St-Zip: NORWALK, CT 06855

Title: TRES ( ) Delete  
Name: BIKAKIS, KOSTANTINOS  
Address: 4600 SAWGRASS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERIKA BIKAKIS HAJIAN

PRES

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date