

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093373

FILED
Jul 16, 2008
Secretary of State

Entity Name: MAVROMONT INDUSTRIES, INC.

Current Principal Place of Business:

101 PEARLWOOD ST.
BLDG. A
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568395
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 30-0096538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAVROFRIDES, EVELYN
315 DOOLITTLE ST.
ORLANDO, FL 32839 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: P () Delete
Name: MAVROFRIDES, DEMETRIOS C
Address: 315 DOOLITTLE ST.
City-St-Zip: ORLANDO, FL 32839 US

Title: VP () Delete
Name: MAVROFRIDES, EVELYN
Address: 315 DOOLITTLE ST.
City-St-Zip: ORLANDO, FL 32839 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EVELYN MAVROFRIDES

VP

07/16/2008

Electronic Signature of Signing Officer or Director

_____ Date