2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110593

City-St-Zip:

RIVERVIEW, FL 33569 US

Entity Name: ACROPOLIS MEDITERRANEAN CAFE, INC.

FILED Jul 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	THROP TOWN W, FL 33569	I CENTER AVE US			
Current Mailing Address:			New Mailing Address:		
	THROP TOWN W, FL 33569	I CENTER AVE US			
FEI Number	: 26-3919597	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
FERZLI, G 5404 HOC	SEORGE OVER BLVD				
Z TAMPA, F	L 33634 US				
	e named entity s e of Florida.	submits this statement for the	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WAEZ, HASSAI	P TOWN CENTER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JOSEPH, FRAN	P TOWN CENTER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ISSHAK, FADI	Delete	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: HASSAN WEZ P 07/18/2009