2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P93000026938**



03-31-2004 90026 014 ***150.00 1. Entity Name LIOCON, CORP. Principal Place of Business Mailing Address **4035 BONITA AVE 4035 BONITA AVE** 94040078 COCONUT GROVE, FL 33133-6336 US COCONUT GROVE, FL 33133-6336 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 03152004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0404594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TONY VALDES, CPA LEONOUDAKIS, DIMITRIOS Street Address (P.O. Box Number is Not Acceptable) **4035 BONITA AVE** COCONUT GROVE, FL 33133-6336 2550 NW 72 AVENUE SUITE 111 CityMIAMI ^z33122-1347 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/ O-acae 3/16/04 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE □ Delete TITLE ☐ Change ☐ Addition LEONOUDAKIS, DIMITRIOS NAME 4035 BONITA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 331336336 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition LIONOUDAKIS, KRYSTALIA NAME NAME STREET ADDRESS 4035 BONITA AVE. STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 331336336 CITY-ST-ZIP OD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIONOUDAKIS, MARILISA NAME NAME STREET ADDRESS **4035 BONITA AVE** STREET ADDRESS COCONUT GROVE, FL 331336336 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Harch 20, 2004

Drun fais enoud a ti SIGNATURE AND TYPED OR PRINTED NAME OF SIG

305)640-0494

Daytime Phone #

FILED Mar 31, 2004 8:00 am

Secretary of State