

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 044 ***150.00

DOCUMENT # P94000056006



1. Entity Name
PT. ALEXIS INVESTMENTS, INC.

Principal Place of Business
~~2744 HAMBLE VILLAGE LN~~
PALM HARBOR, FL ~~34687~~ US

Mailing Address
~~2744 HAMBLE VILLAGE LN~~
PALM HARBOR, FL ~~34687~~ US

2. Principal Place of Business - No P.O. Box #
1970 Hidden Lake Dr.

3. Mailing Address
1970 Hidden Lake Drive



04042007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3262337

Applied For
Not Applicable

Zip
34683

Country

Zip
34683

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOUFAS, THEO
~~2744 HAMBLE VILLAGE LN~~
PALM HARBOR, FL ~~34687~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1970 Hidden Lake Drive

City

FL

Zip Code

34683

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KOUFAS, THEO
~~2744 HAMBLE VILLAGE LN~~
PALM HARBOR, FL ~~34687~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MAKRIS, COSTAS
2110 DREW ST
CLEARWATER, FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1970 Hidden Lake Drive
34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Theo Koufas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07