

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042626

FILED
Aug 04, 2005
Secretary of State

Entity Name: OLYMBIC DEVELOPMENT CORPORATION

Current Principal Place of Business:

19201 COLLINS AVE
#819
N MIAMI BEACH, FL 33160 US

Current Mailing Address:

19201 COLLINS AVE
#819
N MIAMI BEACH, FL 33160 US

FEI Number: 59-3318174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGAS, AGNI
19201 COLLINS AVE
#819
N MIAMI BEACH, FL 33160 US

New Principal Place of Business:

19201 COLLINS AVE
#819
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

19201 COLLINS AVE
#819
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

LANGAS, AGNI
19201 COLLINS AVE
#819
SUNNY ISLES BEACH, FL 33160 US

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:

08/04/2005

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: PT () Delete
Name: LANGAS, AGNI
Address: 19201 COLLINS AVE, STE 205
City-St-Zip: N MIAMI BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LANGAS, AGNI
Address: 19201 COLLINS AVE # 819
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MD () Change (X) Addition
Name: LANGAS, GEORGE D
Address: 19201 COLLINS AVE # 819
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MD () Change (X) Addition
Name: LANGAS, DIMITRIOS J
Address: 19201 COLLINS AVE # 819
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MD () Change (X) Addition
Name: LANGAS, POLYXENI
Address: 19201 COLLINS AVE # 819
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIMITRIOS J. LANGAS

MD

08/04/2005

Electronic Signature of Signing Officer or Director

Date