

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000091404

1. Entity Name
HOMORI, INC.



Principal Place of Business
3317 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442 US

Mailing Address
3317 W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09052007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0645920

Applied For
Not Applicable

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

ALEXOPOULOS, EKATERINI
5700 CAMINO DEL SOL #401
BOCA RATON, FL 33433

Name

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

City

FL

Zip Code

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]

9-11-07

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

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ALEXOPOULOS, EKATERINI
STREET ADDRESS 5700 CAMINO DEL SOL #401
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
NAME 200109695722
STREET ADDRESS 09/20/07--01019--012 **150.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME ALEXOPOULOS, KONSTANTINOS
STREET ADDRESS 9872 MARINA BLVD #1425
CITY- ST- ZIP BOCA RATON, FL 334286617

TITLE ☐ Change ☐ Addition
NAME \$79/18
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME KAPUROS, I
STREET ADDRESS 5700 CAMINO DEL SOL #401
CITY- ST- ZIP BOCA RATON, FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-07

Date

Daytime Phone #

FILED
07 SEP 17 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

