

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000096631

Entity Name: ELLINIS CORPORATION

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

544 ALLENDALE ROAD,  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

251 CRANDON BLVD  
536  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

544 ALLENDALE ROAD,  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

251 CRANDON BLVD  
536  
KEY BISCAYNE, FL 33149

FEI Number: 65-0714141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAVRIS, MICHAEL  
544 ALLENDALE ROAD,  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

MAVRIS, MICHAEL  
251 CRANDON BLVD  
536  
KEY BISCAYNE, FL 33149 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: MICHAEL MAVRIS

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MAVRIS, NICHOLAS G  
Address: 201 CRANDON BLVD, 1033  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TRES  
Name: MAVRIS, MICHAEL G TRES  
Address: 251 CRANDON BLVD, #536  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SECR  
Name: MAVRIS, ALEXANDER G  
Address: 1283 SW SEAGULL WAY  
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MAVRIS

TRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date