## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2004 08:00 AM Secretary of State

ANNUAL REPORT	Secretary of State
DOCUMENT # P9700001983  1. Entity Name SANTORINI SEAFOOD & GRILL, INC.	
Principal Place of Business Mailing Address 698 DODECANESE BLVD 698 DODECANESE BLVD TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 346	
DO NOT WRITE IN THIS SP.  6. Name and Address of Current Registered Agent	O1192004 No Chg-P CR2E034 (10/03)  4. FEI Number
MANGLIS, THEOFILOS 698 DODECANESE BLVD TARPON SPRINGS, FL 34689	DO NOT WRITE IN THIS SPACE
8. The above named entity submiter this statement for the our pose 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent, or both, in the State of Florida.	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign for Trust Fund Contribution	Financing \$5.00 May Be
TITLE PD MANGLIS, THEOFILOS SIREET ADDRESS 698 DODECANESE BLVD TITLE NAME STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689  TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
CITY-ST-ZIP	e exemption stated in Section 115.07(3)(i). Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath, that I am an officer or director required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if