

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000042783

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** PANTELIS MASTROVASILIS P.A.

**Current Principal Place of Business:**

803 CAVESMILL WAY  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

803 CAVESMILL WAY  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 59-3503936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASTROVASILIS, PANTELIS  
803 CAVESMILL WAY  
TARPON SPRINGS, FL 34689 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MASTROVASILIS, PANTELIS  
Address: 803 CAVESMILL WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D  
Name: MASTROVASILIS, KALIOPE  
Address: 803 CAVEMILL WAY  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: PANTELIS MASTROVASILIS

D

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date