2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

DOCUMENT # P97000102293 1. Entity Name EOKA VITA, INC.				Jan 27, 2004 08:0 Secretary of St	
Principal Place of Business 5885 SEMINOLE BOULEVARD SEMINOLE FL 33772		Mailing Address 5885 SEMINOLE BOULEVARD SEMINOLE FL 33772			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc		MOORE CR2E03	4 (11/03)
City & State		City & State		4. FEI Number 65-0811812	Applied For Not Applicat
Ζŧp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered	l Agent
TINGIRIDES, STAVROS ESQ 804 N BELCHER RD SUITE 100 CLEARWATER FL 33765			Street Address City	(P.O. Box Number is Not Acceptable)	Zip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I ar	n familiar with, and acces
SIGNATURE	Signature, typed or printed name of registered ag-	not and title d'annicable (NCT	E. Registered Agent signature require	ed whon reinstavina) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department	0		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME STREET ADDRESS CITY-ST-ZIP	VDS ANTONIOU, ANTHONY 5885 SEMINOLE BLVD SEMINOLE FL 33772	☐ Delete	HILE MAME STREET ADDRESS CITY-ST ZBP	U00000014852 01/27/04-80039-0	□ Change □ A4.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET ADORESS CITY-ST-ZIP		Change Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detekt	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Arain
THEE MAME STREET ADDRESS CITY-SI-JIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A 🍇 ···
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	RTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A. ²⁰⁰
12. I hereby indicated of the co-	certify that the information supplied v f on this report or supplemental repor reporation or the receiver or trustee er t, or on an attachment with an addres	vith this filing does not qualify for it is true and accurate and that in powered to execute this report is, with all other like empowered	or the exemption stated in S my signature shall have the I as required by Chapter 60 i.	Section 119.07(3)(i), Florida Statutes. I further of a same legal effect as if made under oath, that 07, Florida Statutes; and that my name appear	pertify that the information I am an officer of directus in Block 10 or Block 11

FILED

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