

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 004 ***150.00

60012847



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3494097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALLIANTATOS, ANDREW
34871 EMERALD COAST PARKWAY
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	VALLIANATOS, ANDREW
STREET ADDRESS	34871 EMERALD COAST PKWY
CITY- ST- ZIP	DESTIN, FL 32541
TITLE	DV
NAME	VALLIANATOS, JOHN
STREET ADDRESS	34871 EMERALD COAST PKWY
CITY- ST- ZIP	DESTIN, FL 32541
TITLE	DP
NAME	LUPER, ZVI
STREET ADDRESS	7861 BAYOU CLUB BLVD.
CITY- ST- ZIP	LARGO, FL 33777
TITLE	DT
NAME	LUPER, HANAN
STREET ADDRESS	7347 SAWGRASS POINT DR.
CITY- ST- ZIP	PINELLAS POINT, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 850 837-4500
Date Daytime Phone #