

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90458 008 \*\*\*150.00

<b>DOCUMENT # P99000014594</b>	
1. Entity Name GRECIAN GARDENS RESTAURANT, INC.	

Principal Place of Business 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459	Mailing Address 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3616796	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JAZAYERI, ALEXANDRA 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZAYERI, ALEXANDRA 3375 W COUNTY HWY 30 A SEASIDE, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexandra Jazayeri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZAYERI, GREGORY R.O. BOX 4745 N/A 3375 W County SEASIDE, FL 32459 Hwy 30-A Santa Rosa Beach FL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregory Jazayeri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZAYERI, GREGORY 3375 W COUNTY HWY 30 A SEASIDE, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexia Georga Kopolos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANA: Alexia Jazayeri 3375 W County Hwy 30-A Santa Rosa Beach Florida 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 originals <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Alexandra Jazayeri</u>	Date: <u>April 27, 05</u>	Daytime Phone #: <u>(850) 267-3011</u>
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Gregory Jazayeri was in twice.  
The Shareholders are:

- ① { Alexia Georgakopoulos also known as  
Alexia Jazayeri (maiden name)
- ② Alexandra Jazayeri all 3  
were originally  
listed
- ③ Gregory Jazayeri