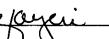
## May 01, 2008 8:00 am Secretary of State **2008 FOR PROFIT CORPORATION ANNUAL REPORT** 05-01-2008 90192 007 \*\*\*150.00 DOCUMENT # P99000014594 GRECIAN GARDENS RESTAURANT, INC. Principal Place of Business Mailing Address 3375 W COUNTY HWY 30-A 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4 FE! Number 59-3616796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAZAYERI, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable) 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459 City Zip Code 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 · in 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE D Delete TITLE ☐ Change ☐ Addition JAZAYERI, ALEXANDRA NAME NAME 3375 W COUNTY HWY 30 A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEASIDE, FL 32459 CITY-ST-ZIP Detete TITLE D TITLE Change Change ☐ Addition JAZAYERI, GREGORY NAME 3375 W COUNTY HWY 30-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP Delete Change Addition KOPOLOS, ALEXIA G NAME NAME STREET ADDRESS 3375 W COUNTY HWY 30 A STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP



**FILED**