


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90206 048 ***150.00

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|---|---|
| DOCUMENT # P99000016085 |  |
| 1. Entity Name KOLONAKI, INC. | |

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| Principal Place of Business 2075 PINE RIDGE RD. NAPLES FL 34109 | Mailing Address 348 BAY MEADOWS DRIVE NAPLES FL 34113 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (4/04)

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent GIARIMOUSTAS, STAVROS 348-BAY MEADOWS DR. NAPLES FL 34113 | | 7. Name and Address of New Registered Agent Name RUZANNA BABAYAN Street Address (P.O. Box Number is Not Acceptable) 348 BAY MEADOWS DR. City NAPLES FL Zip Code 34113 | |
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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 *Ruzanna Babayan* DATE *08.31.04*

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

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|---|--|---|
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS GIARIMOUSTAS, ELISE 348 BAY MEADOWS DR. NAPLES FL 34113 <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 |
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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: *Elise Giarimoustas* 08/31/04 239-594-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #