

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000030448

1. Entity Name
IMVROS INVESTMENTS, INC.



Principal Place of Business
**727 WESLEY AVE
TARPOON SPRINGS, FL 34689**

Mailing Address
**1910 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PSEFTELIS, KELLY
1910 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PSEFTELIS, VASILIS
STREET ADDRESS 1910 MOUNTAIN ASH WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD
NAME PSEFTELIS, KALIOPE
STREET ADDRESS 1910 MOUNTAIN ASH WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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U000000838784
03/05/08-80043-021 150.00

**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 lists empowered.

SIGNATURE:

Kaliope Pseftelis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08
Date

727-942-7433
Daytime Phone #