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Secretary of State

03-18-2004 90021 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050483

1. Entity Name
ALEXIS C

66411354

Principal Place of Business	Mailing Address
2200 NORTH ROOSEVELT BOULEVARD KEY WEST, FL 33040	2200 NORTH ROOSEVELT BOULEVARD KEY WEST, FL 33040
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0927915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SPIEGEL & UTRERA, P.A.~~ 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name PAVLOS NIKOLAIDIS Street Address (P.O. Box Number is Not Acceptable) 819 SW 11TH AVE FT LAUD City FT LAUDERDALE FL Zip Code 33316

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PTD CONDOS, LOUIS 2200 NORTH ROOSEVELT BOULEVARD KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ROSTIEN, MARY J 2200 NORTH ROOSEVELT BOULEVARD KEY WEST, FL 33040	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAVLOS NIKOLAIDIS 819 SW 11TH AVE FT LAUDERDALE FL 33316 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: PAVLOS NIKOLAIDIS APR 6-04 954-759-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

ALEXIS CON INC.
D.B.A. MIAMI SUBS GRILL
1730 E.SUNRISE BLVD.
FT.LAUDERDALE
FL 33304

~~160411354~~
~~#P99000050483~~

LOUIS CONDOS PRES.

PAVLOS NIKOLAIDIS SEC.