

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90004 019 \*\*\*550.00

**DOCUMENT # P99000074998**

1. Entity Name  
**FLAG DI LIDO RETAIL GP CORP.**



Principal Place of Business  
**C/O GREENBERG TRAUIG, P.A.  
1221 BRICKELL AVE ATTN JUAN P LOUMIET, ESQ  
MIAMI, FL 33131**

Mailing Address  
**C/O GREENBERG TRAUIG, P.A.  
1221 BRICKELL AVE ATTN JUAN P LOUMIET, ESQ  
MIAMI, FL 33131**

**50023482**



07182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**650 Madison Avenue**  
Suite, Apt. #, etc.  
**15th Floor**  
City & State  
**New York, NY**  
Zip  
**10022** Country  
**USA**

3. Mailing Address  
**650 Madison Avenue**  
Suite, Apt. #, etc.  
**15th Floor**  
City & State  
**New York, NY**  
Zip  
**10022** Country  
**USA**

4. FEI Number  
**65-0954932**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GREENBERG & TRAUIG, P.A.  
1221 BRICKELL AVE  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** 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

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KANAVOS, PAUL C 1221 BRICKELL AVE, 21ST FL MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Paul C. Kanavos 650 Madison Avenue, 15th Floor New York, NY 10022</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #