

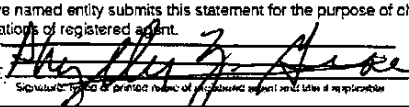
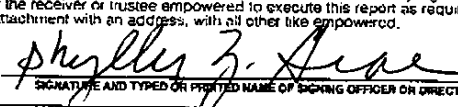
FROM : SUNCOAST

FAX NO. : 7278570061

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90561 049 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000084957			
1. Entity Name: GREEK UNIQUE, INC.			
Principal Place of Business 5025 E. FOWLER AVENUE TAMPA, FL 33617		Mailing Address 5025 E. FOWLER AVENUE TAMPA, FL 33617	
DO NOT WRITE IN THIS SPACE		04242005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3603566	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
GRAE, PHYLLIS Z 5025 E. FOWLER AVENUE TAMPA, FL 33617			
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: 		7/28/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DO NOT WRITE IN THIS SPACE	
NAME	GRAE, PHYLLIS Z		
STREET ADDRESS	8141 AQUILA STREET, #312		
CITY- ST- ZIP	PORT RICHEY, FL 34668		
TITLE	VP		
NAME	STASIOR, CAMILLE GRAE		
STREET ADDRESS	5025 E. FOWLER AVENUE		
CITY- ST- ZIP	TAMPA, FL 33617		
TITLE	ST		
NAME	ALLOUPAS, CARMELOU GRAE		
STREET ADDRESS	5025 E. FOWLER AVENUE		
CITY- ST- ZIP	TAMPA, FL 33617		
TITLE	VP		
NAME	NEILSON, ALJSTAR R		
STREET ADDRESS	2141 AQUILA ST., #312		
CITY- ST- ZIP	PORT RICHEY, FL 34668		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		4/28/05 813-980-2137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	