FROM : SUNCOAST FAX NO. : 7278570061

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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	Mailing Address
5025 E. FOWLER AVENUE TAMPA, FL 33617	5025 E. FOWLER AVENUE TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

04242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3603556
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAE, PHYLLIS Z
5025 E. FOWLER AVENUE
TAMPA, FL 33617

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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: Phyllis Z. Grae 4/28/05
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, 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
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	ALOUPAS, CARMELOU GRAE
STREET ADDRESS	5025 E. FOWLER AVENUE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VP
NAME	NEILSON, ALISTAR 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	

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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: Phyllis Z. Grae 4/28/05 813-980-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #