

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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
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03232008 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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**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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PD GRAE, PHYLLIS Z 8141 AQUILA STREET, #312 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STASIOR, CAMILLE GRAE 5025 E. FOWLER AVENUE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALOUPAS, CARMELOU GRAE 5025 E. FOWLER AVENUE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEILSON, ALISTAR R 2141 AQUILA ST., #312 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/06-80105-015 150.00

**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 like empowered

SIGNATURE: Phyllis Z. Grae - Phyllis Z. GRAE 4/27/06 813-980-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #