

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084957

Entity Name: GREEK UNIQUE, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

5025 E. FOWLER AVENUE
TAMPA, FL 33617

New Principal Place of Business:

5025 E. FOWLER AVENUE
#17
TAMPA, FL 33617

Current Mailing Address:

5025 E. FOWLER AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3603556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRAE, PHYLLIS Z
Address: 8141 AQUILA STREET, #312
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: STASIOR, CAMILLE GRAE
Address: 5025 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33617

Title: ST () Delete
Name: ALOUPAS, CARMELOU GRAE
Address: 5025 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: NEILSON, ALISTAR R
Address: 2141 AQUILA ST., #312
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NEILSON, ALISTAR R
Address: 8141 AQUILA ST., #312
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS Z. GRAE

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date