


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90266 028 \*\*\*150.00

**DOCUMENT # P99000094318**

1. Entity Name  
**ANTONIOS VOULGARIS CORPORATION**



Principal Place of Business      Mailing Address

2999 N.E. 191ST ST., STE. 900      2999 N.E. 191ST ST., STE. 900  
 AVENTURA, FL 33180                      AVENTURA, FL 33180

**54045173**



03112004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0955866      Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHIFFMAN, ADAM R  
 2999 N.E. 191ST ST., STE. 900  
 AVENTURA, FL 33180

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHIFFMAN, ADAM R
STREET ADDRESS	2999 N.E. 191ST ST., STE. 900
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PST
NAME	VOULGARIS, ANTONIOS
STREET ADDRESS	ARAFINOS 4, RAFINA 19009
CITY-ST-ZIP	ATHENS, GREECE,
TITLE	PST
NAME	VOULGARIS, NIA
STREET ADDRESS	ARAFINOS 4, RAFINA 19009
CITY-ST-ZIP	ATHENS, GREECE,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**       **President**      **3/21/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #