


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000094318
1. Entity Name
ANTONIOS VOULGARIS CORPORATION



Principal Place of Business: **2999 N.E. 191ST ST., STE. 900
AVENTURA, FL 33180**
Mailing Address: **2999 N.E. 191ST ST., STE. 900
AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0955866** Applied For 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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D SCHIFFMAN, ADAM R 2999 N.E. 191ST ST., STE. 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST VOULGARIS, ANTONIOS ARAFINOS 4, RAFINA 19009 ATHENS, GREECE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST VOULGARIS, NIA ARAFINOS 4, RAFINA 19009 ATHENS, GREECE,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/05-80028-021 150.00

**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)(f), 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: _____ **6th April 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #