

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90058 029 ***150.00

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

2. Principal Place of Business - No P.O. Box #
2750 NE 185th Street

3. Mailing Address
2750 NE 185th Street

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor

03252008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0955866

Applied For
 Not Applicable

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



City & State
Aventura, FL 33180

City & State
Aventura, FL 33180

Zip
33180

Country

Zip
33180

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Schiffman, Adam R

Street Address (P.O. Box Number is Not Acceptable)
2750 NE 185th Street

2nd Floor

City
Aventura

FL

Zip Code
33180

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	VOULGARIS, ANTONIOS	
STREET ADDRESS	6 VITHINIAS ST.	
CITY-ST-ZIP	RAFINA 19009, ATHENS, GREECE,	
TITLE	PST	<input type="checkbox"/> Delete
NAME	VOULGARIS, NIA	
STREET ADDRESS	6 VITHINIAS ST.	
CITY-ST-ZIP	RAFINA 19009, ATHENS, GREECE,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Antonios Voulgaris 4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #