2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72855

FILED Apr 29, 2004 Secretary of State

Entity Name: OLYMPIA RESTUARANT & CLUB OF ORLANDO INC.

	illicipal Flace C	of Business:	New Principal Place	New Principal Place of Business:		
JRLANDC	DLONIAL DR. D, FL 328173913	3				
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
	DLONIAL DR. D, FL 328173913	3				
FEI Number:	59-3080465	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:		
	S, DIMITRIOS DLONIAL DR. D, FL US					
	named entity su e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,		
SIGNATUF	RE:					
	Electronic	Signature of Registered Age	nt	Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () E VASILIADIS, MAF 8505 E COLONIA ORLANDO, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () E VASILIADIS, VAS 8505 E COLONIA ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () E VASILIADIS, PAV 8505 E COLONIA ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	D () E VASILIADIS, DIM 8505 E COLONIA ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Address: City-St-Zip:		Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

	Flatania Cianatana af Ciania a Office a Diseatan		D-1-
SIGNATURE:	DIMITRIOS VASILIADIS	T	04/29/2004