

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S72855

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** OLYMPIA RESTUARANT & CLUB OF ORLANDO INC.

**Current Principal Place of Business:**

8505 E COLONIAL DR.  
ORLANDO, FL 328173913

**New Principal Place of Business:**

**Current Mailing Address:**

8505 E COLONIAL DR.  
ORLANDO, FL 328173913

**New Mailing Address:**

**FEI Number:** 59-3080465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASILADIS, DIMITRIOS  
8505 E COLONIAL DR.  
ORLANDO, FL 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VASILADIS, MARTHA  
Address: 8505 E COLONIAL DR.  
City-St-Zip: ORLANDO, FL

Title: DV  
Name: VASILADIS, VASILIOS  
Address: 8505 E COLONIAL DR.  
City-St-Zip: ORLANDO, FL

Title: DS  
Name: VASILADIS, PAVLOS  
Address: 8505 E COLONIAL DR.  
City-St-Zip: ORLANDO, FL

Title: D  
Name: VASILADIS, DIMITRIOS  
Address: 8505 E COLONIAL DR.  
City-St-Zip: ORLANDO, FL

Title: T  
Name: VASILADIS, DIMITRIOS  
Address: 8505 E COLONIAL DR.  
City-St-Zip: ORLANDO, FL

I hereby 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 all other like empowered.

SIGNATURE: PAVLOS VASILADIS

DS

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date