

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008846

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** ARCHIMEDEAN ACADEMY PTO INC.

**Current Principal Place of Business:**

12425 SW 72 ST.  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

12425 SW 72 ST.  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

DIANE, VENTO DP  
12425 SW 72 ST.  
MIAMI, FL 33183    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: VENTO, DIANE  
Address: 12425 SW 72 ST.  
City-St-Zip: MIAMI, FL 33183

Title: DV  
Name: VEGARA, ANDREA  
Address: 12425 SW 72 ST.  
City-St-Zip: MIAMI, FL 33183

Title: DV  
Name: BLANCO, DORLAINE  
Address: 12425 SW 72 ST.  
City-St-Zip: MIAMI, FL 33183

Title: DT  
Name: CAHIZ, AMANDA  
Address: 12425 SW 72 ST.  
City-St-Zip: MIAMI, FL 33183

Title: DS  
Name: FRANZONI, ANDREA  
Address: 12425 SW 72 ST.  
City-St-Zip: MIAMI, FL 33183

Title: DS  
Name: DELGADO, BARBARA  
Address: 12425 SW 72 ST.  
City-St-Zip: MIAMI, FL 33183

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA CAHIZ

DT

01/28/2010

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

\_\_\_\_\_  
Date