

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90012 046 \*\*\*\*70.00

**DOCUMENT # N02000003733**

1. Entity Name  
**ARCHIMEDEAN ACADEMY, INC.**



Principal Place of Business

**6255 BIRD ROAD  
MIAMI, FL 33155**

Mailing Address

**10876 SW 113TH PLACE  
2ND FLOOR  
MIAMI, FL 33176**

**24016055**



**DO NOT WRITE IN THIS SPACE**

01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**02-0607904**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ZULUETA, IGNACIO G ESQ.  
6255 BIRD ROAD  
MIAMI, FL 33155**

**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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 / VP (Add)  
HARALAMBIDES, ALECO  
10870 SW 113TH PLACE  
MIAMI, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
KAFKOULIS, GEORGE  
15015 S.W. 49 LANE  
MIAMI, FL 33185**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
KATSOUFIS, LAMBROS  
250 HARBOR DR  
KEY BISCAYNE, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
KATSOUFIS, LAMBROS  
250 HARBOR DRIVE  
MIAMI, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**X (Delete)  
GEORGIOULAKIS, NICKOLAS  
10870 SW 113TH PLACE  
MIAMI, FL 33176**

**Add: (D)**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ANDY, GUS A.I.A.  
6255 BIRD ROAD  
MIAMI, FL 33155**

**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)(i), 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 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/04**

Date

**305 279-6572**

Daytime Phone #