

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003733

Entity Name: ARCHIMEDEAN ACADEMY, INC.**Current Principal Place of Business:**12425 SW 72ND STREET
MIAMI, FL 33183**Current Mailing Address:**12425 SW 72ND STREET
MIAMI, FL 33183**FEI Number:** 02-0607904**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARALAMBIDES, ALECO ESQ.
3135 SW 3RD AVENUE
MIAMI, FL 33129 US*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**Officer/Director Detail :**

Title	PD
Name	KAFKOULIS, GEORGE
Address	12425 SW 72ND STREET
City-State-Zip:	MIAMI FL 33183

Title	VPD
Name	ALECO, HARALAMBIDES
Address	12425 SW 72ND STREET
City-State-Zip:	MIAMI FL 33183

Title	D
Name	ALEXANDRAKIS, PLATON
Address	12425 SW 72ND STREET
City-State-Zip:	MIAMI FL 33183

Title	D
Name	BOUKAS, KONSTANTINOS
Address	12425 SW 72ND STREET
City-State-Zip:	MIAMI FL 33183

Title	D
Name	BERRIZBEITIA, FRANK
Address	12425 SW 72ND STREET
City-State-Zip:	MIAMI FL 33183

Title	SD
Name	PAPAMICHAIL, DIMITRIS
Address	12425 SW 72ND STREET
City-State-Zip:	MIAMI FL 33183

Title	TREASURER
Name	TARABOULOS, JEFFREY
Address	12425 SW 72ND STREET
City-State-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: DR. GEORGE KAFKOULIS**PRESIDENT****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date