


**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.	
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Principal Place of Business 6255 BIRD ROAD MIAMI, FL 33155	Mailing Address 10876 SW 113TH PLACE 2ND FLOOR MIAMI, FL 33176
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24016055

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0607904	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ZULUETA, IGNACIO G ESQ. 6255 BIRD ROAD MIAMI, FL 33155
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**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: \_\_\_\_\_ (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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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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	<del>X (Delete)</del> GEORGOUKAKIS, NICKOLAS Add: (D) 10870 SW 113TH PLACE MIAMI, FL 33176
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:  2/19/04 305 279-6572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #