

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003733

FILED
Apr 29, 2005
Secretary of State

Entity Name: ARCHIMEDEAN ACADEMY, INC.

Current Principal Place of Business:

6255 BIRD ROAD
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

12425 SW 72ND STREET
MIAMI, FL 33183 10

FEI Number: 02-0607904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZULUETA, IGNACIO G ESQ.
6255 BIRD ROAD
MIAMI, FL 33155 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: DVP () Delete
Name: HARALAMBIDES, ALECO
Address: 10870 SW 113TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: KAFKOULIS, GEORGE
Address: 15015 S.W. 49 LANE
City-St-Zip: MIAMI, FL 33185

Title: TD () Delete
Name: KATSOUFIS, LAMBROS
Address: 250 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: KATSOUFIS, LAMBROS
Address: 250 HARBOR DRIVE
City-St-Zip: MIAMI, FL 33149

Title: D () Delete
Name: GEORGIOULAKIS, NICKOLAS
Address: 10870 SW 113TH PLACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ANDY, GUS A.I.A.
Address: 6255 BIRD ROAD
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE KAFKOULIS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date