

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001637

FILED
May 04, 2005
Secretary of State

Entity Name: ARCHIMEDES CLUB, INC.

Current Principal Place of Business:

2543 LINCLON AVE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2543 LINCLON AVE
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 20-0766394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HADAWAY, BRANT
80 SW EIGHT STREET
SUITE 2700
MAIMI, FL 33130 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: P () Delete
Name: ZILBERSHTEIN, DORON
Address: 2543 LINCOLN AVE
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DIR () Delete
Name: KELLY, GRACE
Address: 2415 INAGUA AVE.
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DIR () Delete
Name: HADAWAY, BRANT
Address: 2425 LINCOLN AVE 33133
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DIR () Delete
Name: BEECH, EMILY
Address: 7208 FAIRWAY DRIVE, BUILDING I UNIT 6
City-St-Zip: MIAMI LAKES, FL 33014 US

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:

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: DORON ZILBERSHTEIN

P

05/04/2005

Electronic Signature of Signing Officer or Director

Date