

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004722

FILED
Apr 30, 2009
Secretary of State

Entity Name: AHEPA 394, INC

Current Principal Place of Business:

815 NE 15 AVE
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

815 NE 15 AVE
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-1140040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKILES, DEMETRIOS
1619 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33316 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: D () Delete
Name: KIRKILES, DEMETRIOS
Address: 1619 SOUTH ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: KAPAKOS, CHRIS
Address: 1549 SE 13TH STREET
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D () Delete
Name: GENE, GEORGE
Address: 2900 NE 14TH ST. CSWY #807
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: PAXINOS, GARRY
Address: 3567 CANARY PALM CT
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: PLANAKIS, ANTHONY
Address: 2500 NE 23 STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: KERIS, JAMES
Address: 5970 WE 18TH AVE. #725
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D () Change (X) Addition
Name: PAPADAKOS, LOUIS
Address: 5730 NE 19TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEMETRIOS C KIRKILES

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date