

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90741 003 ****70.00

DOCUMENT # N19015

1. Entity Name
AHEPA 421, INC.



Principal Place of Business

**350 N.E. 141ST ST.
MIAMI, FL 33161**

Mailing Address

**350 N.E. 141ST ST.
MIAMI, FL 33161**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2842462

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMOS, ANGELO P.
100 N. BISCAYNE BLVD., S-801
MIAMI, FL 33132**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10 OFFICERS AND DIRECTORS

TITLE	D
NAME	ANTONPOULOS, THANASES
STREET ADDRESS	155 NORTH SHORE DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	P
NAME	VALAVANIS, ANGELO
STREET ADDRESS	2608 NE 214ST
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	GEORGE CAILIS SPIRO, ALEX 6721 HANCOCK RD
STREET ADDRESS	901 SW 128TH TERRACE APT 211A SW RANCHES FL
CITY-ST-ZIP	PEMBROKE PINES, FL 33027 33330
TITLE	D
NAME	ATHANASION, MICHAEL
STREET ADDRESS	11500 E. SQUIRE CT.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	TD
NAME	POULOS, EMANUEL
STREET ADDRESS	901 SW 128TH AVE. APT. E309
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	D
NAME	JOHN A MAYO
STREET ADDRESS	1207 SW 87 TERR.
CITY-ST-ZIP	PLANTATION FLA. 33324

**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:

Angelo Valavanis

ANGELO VALAVANIS

4/24/04

305 3316439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #