


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90297 040 ****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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONPOULOS, THANASES 155 NORTH SHORE DR. MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALAVANIS, ANGELO 2608 NE 214ST AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAILIS, GEORGE 6721 MANCOCK RD. SW RANCHES, FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHANASION, MICHAEL 11500 E. SQUIRE CT. INVERNESS, FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POULOS, EMANUEL 901 SW 128TH AVE. APT. E309 PEMBROKE PINES, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, JOHN A 1207 SW 87 TERR PLANTATION, FL 33324	
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: <i>Angelo Valavanis</i> ANGELO VALAVANIS		4/27/05 Date
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>

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04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2842462	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required