


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90019 033 \*\*\*\*70.00

<b>DOCUMENT # N19015</b> 1. Entity Name <b>AHEPA 421, INC.</b>					
Principal Place of Business <b>350 N.E. 141ST ST. MIAMI, FL 33161</b>			Mailing Address <b>350 N.E. 141ST ST. MIAMI, FL 33161</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2842462</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEMOS, ANGELO P. 100 N. BISCAYNE BLVD., S-801 MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 re-nesting) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONPOULOS, THANASES 155 NORTH SHORE DR. MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elias Magalios 4730 Community DR West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALAVANIS, ANGELO 2608 NE 214ST AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAILIS, GEORGE 6721 MANCOCK RD. SW RANCHES, FL 33330	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John N Hapsas 5600 SW 109 Ave Ft Lauderdale, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATHANASION, MICHAEL 11500 E. SQUIRE CT. INVERNESS, FL 34450	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POULOS, EMANUEL 901 SW 128TH AVE. APT. E309 PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bobby Rigalos 290 NW 125 St North Miami, FL 33168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, JOHN A 1207 SW 87 TERR PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Angelo Valavanis</u> <b>ANGELO VALAVANIS</b> <u>5/5/06</u> <u>3053316439</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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

ATTACHMENT

40092418

04222005 No Chg-NP

CP2E037 (10/03)

4. FEI Number  
59-2842462

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	ELIAS MAGALIOS
NAME	ANTONPOULOS, THANASES	4730 COMMUNITY DR
STREET ADDRESS	155 NORTH SHORE DR.	WEST PALM BEACH FL
CITY-ST-ZIP	MIAMI BEACH, FL 33141	33409
TITLE	P	
NAME	VALAVANIS, ANGELO	
STREET ADDRESS	2808 NE 214ST	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	
NAME	CAILIS, GEORGE	5600 SW 109 AVE
STREET ADDRESS	6721 MANCOCK RD.	ATLANTA FL
CITY-ST-ZIP	SW RANCHES, FL 33336	33328
TITLE	D	
NAME	ATHANASION, MICHAEL	
STREET ADDRESS	11500 E. SQUIRE CT.	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	BORRERIGALLS
NAME	POULOS, EMANUEL	290 NW 125 ST
STREET ADDRESS	901 SW 128TH AVE. APT. E33	MIAMI FL
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	33168
TITLE	D	
NAME	MAYO, JOHN A	
STREET ADDRESS	1207 SW 87 TERR	
CITY-ST-ZIP	PLANTATION, FL 33324	

John N. MAPSAS

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

7/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF EXERCISING OFFICER OR DIRECTOR

DATE

Daytime Phone #