

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19015

Entity Name: AHEPA 421, INC.

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2842462 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:

DEMOS, ANGELO P.
100 N. BISCAYNE BLVD., S-801
MIAMI, FL 33132 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: MAGALIOS, ELIAS
Address: 4730 COMMUNITY DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P () Delete
Name: VALAVANIS, ANGELO
Address: 2608 NE 214ST
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: HAPSAS, JOHN N
Address: 5600 SW 109
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D () Delete
Name: ATHANASION, MICHAEL
Address: 11500 E. SQUIRE CT.
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: EIGALOS, BOBBY
Address: 290 NW 125 ST
City-St-Zip: MIAMI, FL 33168

Title: TD () Delete
Name: MAYO, JOHN A
Address: 1207 SW 87 TERR
City-St-Zip: PLANTATION, FL 33324

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
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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 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: ANGELO VALAVANIS

PRES

05/19/2009

Electronic Signature of Signing Officer or Director

Date