## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001927

City-St-Zip:

PEMBROKE PINES, FL 33028

FILED Apr 29, 2009 Secretary of State

Entity Name: AHEPA 421 CHARITABLE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 350 NE 141ST STREET 901 SW 128 AVE NORTH MIAMI, FL **APT E 309** PEMBROKE PINES, FL 33027 **Current Mailing Address: New Mailing Address:** 901 SW 128 AVE **APT E309** PEMBROKE PINES, FL 33027 FEI Number: 65-0846796 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POULOS, EMANUEL 901 SW 128 AVE E309 PEMBROKE PINES, FL 33027 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CAILIS, GEORGE Name: Name: 6721 HANCOCK ROAD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33330 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: POULOS, EMANUEL Name: Address: 901 S.W. 128TH AVE., #E309 Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: () Delete Title: () Change () Addition GIRONTOGIANNIS, COSTAS Name: Name: 16452 NW 19 STREET Address: Address:

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.

City-St-Zip:

SIGNATURE: EMANUEL POULOS STD 04/29/2009