## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N98000001927 Feb 19, 2007 08:00 AM AHEPA 421 CHARITABLE FOUNDATION, INC. **Secretary of State** Principal Place of Business Mailing Address 350 NE 141ST STREET 901 SW 128 AVE NORTH MIAMI, FL APT E309 PEMBROKE PINES, FL 33027 02102007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0846796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POULOS, EMANUEL DO NOT WRITE 901 SW 128 AVE E309 IN THIS SPACE PEMBROKE PINES, FL 33027 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS TITLE NAME CAILIS, GEORGE STREET ADDRESS 6721 HANCOCK ROAD CITY-ST-ZIP FORT LAUDERDALE, FL 33330 TITLE U00000642522 03/01/07-80038-007 61.25 NAME POULOS, EMANUEL STREET ADDRESS 901 S.W. 128TH AVE., #E309 CITY+\$T-ZIP PEMBROKE PINES, FL 33027 TITLE GIRONTOGIANNIS, COSTAS NAME STREET ADDRESS 16452 NW 19 STREET DO NOT WRITE CITY-ST-ZIP PEMBROKE PINES, FL 33028 TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 11 in Block 12 in Block 11 in Block 11 in Block 12 in Block 12 in Block 11 in Block 12 in Block 12 in Block 11 in Block 12 in Block 11 in Block 12 in Block 12 in Block 12 in Block 11 in Block 12 in B **SIGNATURE**