

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09152

FILED
Apr 21, 2009
Secretary of State

Entity Name: INTERNATIONAL ORGANIZATION NEW ACROPOLIS-UNITED STATES OF AMERICA, EAST. INC.

Current Principal Place of Business:

320 MIRACLE MILE
SUITE 1
CORAL GABLES, FL 33134

New Principal Place of Business:

3837 SW 8TH STREET
CORAL GABLES, FL 33134

Current Mailing Address:

POST OFFICE BOX 144970
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-0164195 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARREN, ALEXANDER M
28 ANTILLA AVENUE
APT. 10
CORAL GABLES, FL 33134 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: PMD () Delete
Name: WARREN, ALEXANDER M
Address: 28 ANTILLA AVENUE, #10
City-St-Zip: CORAL GABLES, FL 33134

Title: SVD () Delete
Name: HIRSCHORN, DAVID
Address: 3239 POST WOODS DRIVE, APT. A
City-St-Zip: ATLANTA, GA 30339

Title: DV () Delete
Name: CHANG, ELIZABETH
Address: 29 ANTILLA AVENUE, #8
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ZAMBRANO, ANDREINA
Address: 8674 NW 1ST STREET
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: WARREN, JONATHAN
Address: 12 ALHAMBRA CIRCLE, #13
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVD (X) Change () Addition
Name: HIRSCHORN, DAVID
Address: 3240 POST WOODS DRIVE, APT. J
City-St-Zip: ATLANTA, GA 30339

Title: () Change () Addition
Name:
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: ALEXANDER M. WARREN

PMD

04/21/2009

Electronic Signature of Signing Officer or Director

Date