

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003733

FILED
Apr 14, 2009
Secretary of State

Entity Name: ARCHIMEDEAN ACADEMY, INC.

Current Principal Place of Business:

12425 SW 72ND STREET
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

12425 SW 72ND STREET
MIAMI, FL 33183

New Mailing Address:

FEI Number: 02-0607904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARALAMBIDES, ALECO ESQ.
3135 SW 3RD AVENUE
MIAMI, FL 33129 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: PD () Delete
Name: KAFKOULIS, GEORGE
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

Title: VPD () Delete
Name: ALECO, HARALAMBIDES
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: ALEXANDRAKIS, PLATON
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: CHRISTODOULOU, CHRISTODOULOS
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: BERRIZBEITIA, FRANK
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: ALEXANDRAKIS, PLATON
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

Title: D (X) Change () Addition
Name: CHRISTODOULOU, CHRISTODOULOS
Address: 12425 SW 72ND STREET
City-St-Zip: MIAMI, FL 33183

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: GEORGE KAFKOULIS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date