

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003733

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC6691319871**

**Entity Name:** ARCHIMEDEAN ACADEMY, INC.

**Current Principal Place of Business:**

12425 SW 72ND STREET  
MIAMI, FL 33183

**Current Mailing Address:**

12425 SW 72ND STREET  
MIAMI, FL 33183

**FEI Number:** 02-0607904

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HARALAMBIDES, ALECO ESQ.  
3135 SW 3RD AVENUE  
MIAMI, FL 33129 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

**Officer/Director Detail :**

Title PD  
Name KAFKOULIS, GEORGE  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title VPD  
Name ALECO, HARALAMBIDES  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title D  
Name ALEXANDRAKIS, PLATON  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title D  
Name BOUKAS, KONSTANTINOS  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title D  
Name BERRIZBEITIA, FRANK  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title SD  
Name PAPAMICHAIL, DIMITRIS  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title TREASURER  
Name TARABOULOS, JEFFREY  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name TREMANTE, ANDRES DR.  
Address 12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** GEORGE KAFKOULIS

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KORFIATIS, CHRIS A  
Address        12425 SW 72ND STREET  
City-State-Zip: MIAMI FL 33183