

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N96000000826

Entity Name: APHEC INTERNATIONAL, INC.

Current Principal Place of Business:

12400 WEST DIXIE HWY
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640981
MIAMI, FL 33164

New Mailing Address:

FEI Number: 65-0645367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, ANNA L
280 NE 172 STREET
N. MIAMI BEACH, FL 33162 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: CEOP () Delete
Name: PIERRE, ANNA L
Address: 280 NE 172 ST
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: CD () Delete
Name: TOUSSAINT, EMMANUEL RN
Address: 2702 SW 127TH AVE
City-St-Zip: MIRAMAR, FL 33007

Title: VCD () Delete
Name: MAPOU, JAN
Address: 5919 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: SD () Delete
Name: GILLIGAN, ELLEN C
Address: 1230 NE 139TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD () Delete
Name: WEST, DON BS
Address: 1170 NE 110TH TERRACE
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: MEHU, PAULINE
Address: 6371 RALEIGH ST
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: ANNA L PIERRE

Electronic Signature of Signing Officer or Director

P

04/30/2004

Date