## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000826

Entity Name: APHEC INTERNATIONAL, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
SUITE B	T DIXIE HWY							
Current Mailing Address:				New Mailing Address:				
P.O. BOX 640981 MIAMI, FL 33164				13117 SW 54 TH COURT MIRAMAR, FL 33027				
FEI Number: 65-0645367 FEI Number Applied For ( ) FEI Num				nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Name					ame and Address of New Registered Agent:			
PIERRE, ANNA L 280 NE 172 STREET N. MIAMI BEACH, FL 33162 US				PIERRE, ANNA L 13117 SW 54 TH COURT MIRAMAR, FL 33027 US				
The above r in the State		ubmits this statement for the pur	pose of	f changing it	s registered of	fice or r	egistered agent, or both,	
SIGNATURE:						0	4/30/2009	
	Electroni	c Signature of Registered Agen	t				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CEOP () PIERRE, ANNA I 280 NE 172 ST N. MIAMI BEACH			Title: Name: Address: City-St-Zip:	CEOP (X) PIERRE, ANNA 13117 SW 54 TI MIRAMAR, FL 3	L H COURT	( ) Addition	
Title: Name: Address: City-St-Zip:	CD () TOUSSAINT, EM 2702 SW 127TH MIRAMAR, FL 3	AVE		Title: Name: Address: City-St-Zip:	()	Change (	( ) Addition	
Title: Name: Address: City-St-Zip:	ROBERT, MAUD 280 NE 172 STR			Title: Name: Address: City-St-Zip:	( )	Change (	( ) Addition	
Title: Name: Address: City-St-Zip:	SD () GILLIGAN, ELLE 1230 NE 139TH NORTH MIAMI, F	STREET		Title: Name: Address: City-St-Zip:	( )	Change (	( ) Addition	
Title: Name: Address: City-St-Zip:	TD () WEST, DON BS 1170 NE 110TH NORTH MIAMI, F	TERRACE		Title: Name: Address: City-St-Zip:	( )	Change (	( ) Addition	
Title: Name: Address: City-St-Zip:	D () CALIXTE, DANIE 645 NE 127TH S NORTH MIAMI, F	TREET		Title: Name: Address: City-St-Zip:	( )	Change (	( ) Addition	

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: ANNA L. PIERRE CEOP 04/30/2009