

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055412

Entity Name: APACHE IMPORTS, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

10502 N. DIXON AVE
TAMPA, FL 33612

New Principal Place of Business:

10502 N. DIXON AVE
TAMPA, FL 33612 US

Current Mailing Address:

10502 N. DIXON AVE
TAMPA, FL 33612

New Mailing Address:

10502 N. DIXON AVE
TAMPA, FL 33612 US

FEI Number: 59-3659522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBANIL, SAUL
10502 N. DIXON AVE
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ALBANIL, SAUL
Address: 10502 N. DIXON AVE
City-St-Zip: TAMPA, FL 33612

Title: VS (X) Delete
Name: ALBANIL, EVA
Address: 10502 N. DIXON AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ALBANIL, SAUL
Address: 10502 N. DIXON AVE
City-St-Zip: TAMPA, FL 33612 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUL ALBANIL

PT

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date