2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000073322

1. Entity Name

API CONSTRUCTION, INC.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90113 018 ***150.00

Suite, April, #ide. City & State Society & State E. Neme and Address of Current Registered Agent For Required For Re	111 E. PALMI	ce of Business ETTO PARK RD. N FL 33432-4808	Mailing Address 111 E. PALMETTO PARK BOCA RATON FL 33432-								
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Country Zip Country Zip Country S. Cartificator of Status Desired S8.75 Additional S8.75 Add	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEAUX, JAZMIN B SS21 NSTA LINDA LANE BOCA RATON FL 33433 City City FL Zip Code City City	City & State		City & State		4.	05-1028700			,		
MEAUX, JAZMIN B S921 VISTA LINDA LANE BOCA RATON FL 33433 The acover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, upper or prime frame or impatered agent and title if expolable. NOTE Registered Agent and title if expolable. NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Planta agent and the repolable. It is a possible of Florida Planta agent and the repolable. In Exposure of Florida Planta agent and the repolable. In Exposure of Florida Planta agent and the repolable. In Exposure of Florida Planta agent and the repolable. In Exposure of Florida Planta agent and the repolable. In Exposure of Florida	Zip	Country Zip Cou			try						
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registe	red Ago	ent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	د ما الوقوال و الأدبي التركيم في الوقال المستقطعين الأربوان المستقطع الأرباء الأستقطيع الأرباء الأستقطاء الأرباء ال				Name						
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City FL Zip Code 3. 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. I am familiar with, and accept the obligations of registered agent. SignAnt Flat Signature Signature	5921 VIS	TA LINDA LANE		Street Ad-			ess (F.O. dux number is not acceptable)				
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After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State		Signature, typed or printed name of registered agent	and title if applicable. (NOT	L: Registere	d Agent signature requ	ured when re	ainstating) L	AIE			
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2. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

