

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100142

**FILED**  
**Jan 20, 2007**  
**Secretary of State**

**Entity Name:** APEX PARALEGAL SERVICES, INC.

**Current Principal Place of Business:**

892 SE ATLANTUS AVENUE  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

2868 SOUTH OASIS DRIVE  
BOYNTON BEACH, FL 33426 US

**Current Mailing Address:**

892 SE ATLANTUS AVENUE  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

2868 SOUTH OASIS DRIVE  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 14-1971808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

D'ALESSANDRO, MICHELE  
892 SE ATLANTUS AVENUE  
PORT ST. LUCIE, FL 34983 US

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

D'ALESSANDRO, MICHELE  
2868 SOUTH OASIS DRIVE  
BOYNTON BEACH, FL 33426 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:** MICHELE D'ALESSANDRO

01/20/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** D'ALESSANDRO, MICHELE  
**Address:** 892 SE ATLANTUS AVENUE  
**City-St-Zip:** PORT ST. LUCIE, FL 34983 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P VTS (X) Change ( ) Addition  
**Name:** D'ALESSANDRO, MICHELE  
**Address:** 2868 SOUTH OASIS DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** MICHELE D'ALESSANDRO

P

01/20/2007

Electronic Signature of Signing Officer or Director

Date