


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P36415
 1. Entity Name
APM FINANCIAL CORP.



Principal Place of Business C/O ATLAS PAPER MILLS ATTN RP BASTANZURI 3725 E 10TH CT HIALEAH, FL 33013	Mailing Address C/O ATLAS PAPER MILLS ATTN RP BASTANZURI 3725 E 10TH CT HIALEAH, FL 33013
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08152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0295896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANANIA, FRANCIS A ESQUIRE
 ANANIA BANDKLYDER&BLACKWELL PA
 STE 3300 100 SE 2ND ST
 MIAMI, FL 33131**

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8. 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTANZURI, REMBERTO 3725 E 10TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARTINEZ, HENRY 3725 E 10TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MASTRAPA, RUBEN 3725 E 10TH CT HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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:  **Remberto Bastanzuri, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-15-05** Daytime Phone #: **305-835-8046**