

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90405 001 ***600.00

DOCUMENT # P95000028582

1. Entity Name
A & P FINANCIAL SERVICES, INC.



Principal Place of Business
2246 S.W. 24TH TERRACE
MIAMI, FL 33145

Mailing Address
2246 S.W. 24TH TERRACE
MIAMI, FL 33145



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0567997 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDICH, E.W.
12840 SW 69TH CT.
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	STD PARKER, JOANNA 2246 S.W. 24TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDICH, E.W. 2246 S.W. 24TH TERRACE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.W. Andich, Pres

305-692-1804

Date

Daytime Phone #

ATTACHMENT

66017844

May 24, 2007

State of Florida
Division of Corporations
P. O> Box 1500
Tallahassee, F. 32314

Re: Unable to locate file with signed UBR forms and check for \$600.00

Gentlemen:

Per the instructions for your office I am resending the following:

1. Resigned UBR forms for the following documents: forms: # 256044
G38295 # 3633674 and # P95000028582.
2. Replacement check for \$600.00 (4 corporations @ \$150.00.each.
3. Cancel \$600.00 outstanding check

Attached: Replacement UBR forms and \$600.00 replacement check.