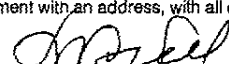


FILED
Apr 26, 2004 08:00 AM
Secretary of State

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000079993						
1. Entity Name APEX IMPORT/EXPORT, INC.						
Principal Place of Business 1550 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334	Mailing Address 1550 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334					
DO NOT WRITE IN THIS SPACE						
		 04212004 No Chg-P CR2E034 (10/03)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0702541</td><td style="width: 20%;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0702541	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 65-0702541	Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
ZERGER, DANIELLE 1550 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33334		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 reappointing)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	D ZERGER, DANIELLE	DO NOT WRITE IN THIS SPACE				
NAME	ZERGER, DANIELLE					
STREET ADDRESS	1550 E OAKLAND PARK BLVD					
CITY-ST-ZIP	FT LAUDERDALE, FL 33334					
TITLE	P SVETLANA FUZAILOV, LEORA					
NAME	SVETLANA FUZAILOV, LEORA					
STREET ADDRESS	1550 E OAKLAND PARK BLVD	DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP	FT LAUDERDALE, FL 33334					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE		DO NOT WRITE IN THIS SPACE				
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS		DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: 4-21-04 Daytime Phone #: 954-566-4081				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SVETLANA FUZAILOV						