


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000104105 1. Entity Name APS REALTY 35, INC.	
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FILED
07 MAR 27 PM 1:46
TALLAHASSEE, FLORIDA

Principal Place of Business 5761 N.W. 37TH AVENUE MIAMI, FL 33142	Mailing Address 5761 N.W. 37TH AVENUE MIAMI, FL 33142
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0968270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete SIGERMAN, MICHAEL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5761 N.W. 37TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete PLOSHNICK, GARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5761 N.W. 37TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3/3/27	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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03/28/07--01038--023 **158.75

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: Michael Sigerman 3/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

MICHAEL SIGERMAN, DIRECTOR