2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2008 8:00 am Secretary of State **DOCUMENT # P99000104105** 05-01-2008 90197 034 ***158.75 1. Entity Name APS REALTY 35, INC. Principal Place of Business Mailing Address 0000000 5761 N.W. 37TH AVENUE 5761 N.W. 37TH AVENUE MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0968270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE SIGERMAN, MICHAEL AGUILAR, MARICELA NAME NAME 5761 N.W. 37TH AVENUE STREET ADDRESS STREET ADDRESS 5761 NW 37th AVENUE MIAMI, FLORIDA 33142 MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME PLOSHNICK, GARY NAME STREET ADDRESS 5761 N.W: 37TH AVENUE STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 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 suppliemental seport is true and according 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 of poster impowered to secoute 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 attactment with an address? with all other like appowered.

FILED