

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000010419

1. Entity Name
A.P. LAND DEVELOPMENT CORP.



Principal Place of Business

1401 SOUTH STATE ROAD 7
HOLLYWOOD, FL 33023

Mailing Address

344 NE 167 ST
MIAMI, FL 33162-2303



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0431351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, FREDRIC I ESQ
350 E. LAS OLAS BLVD., STE. 1700
FORT LAUDERDALE, FL 33301

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETRASSI, ALBERT JR.
STREET ADDRESS 1401 SOUTH STATE ROAD 7
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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03/14/07-80046-004 450.00

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

Date

Daytime Phone #