

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007393

Entity Name: APOPBROCKS, INC.**Current Principal Place of Business:**269 SE 5TH AVE
DELRAY BEACH, FL 33483**Current Mailing Address:**269 SE 5TH AVE
DELRAY BEACH, FL 33483**FEI Number:** 45-1609308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FINKELSTEIN, PAUL S
269 SE 5TH AVE
DELRAY BEACH, FL 33483 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	FINKELSTEIN, PAUL S
Address	269 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	EVP
Name	KANDI, OSMAN
Address	269 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREA
Name	POWELL, BETH
Address	269 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	SEC
Name	MARIANA, RAYA
Address	269 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	VPS
Name	MALONE, JOE
Address	269 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

Title	VPM
Name	DESOUVRE, AMY
Address	269 SE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL FINKELSTEIN**PRESIDENT****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date