




# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90027 037 \*\*\*150.00

<b>DOCUMENT # 596758</b> 1. Entity Name <b>AMERICAN PROPERTIES &amp; INVESTMENTS, INC.</b>					
Principal Place of Business <b>13014 N DALE MABRY HWY STE 356 TAMPA, FL 33618 US</b>			Mailing Address <b>13014 N DALE MABRY HWY STE 356 TAMPA, FL 33618 US</b>		
2. Principal Place of Business  Suite, Apt #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-1875897</b>				Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03102006      Chg-P      CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>RAPPAPORT, ALEXANDER G 806 GUISANDO DE AVILA TAMPA, FL 33618</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature required for printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD RAPPAPORT, ALEXANDER G 806 GUISANDO DE AVILA TAMPA, FL 00000, 33618	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>A.G. RAPPAPORT</b>			Date: <b>3-16-06</b> Daytime Phone: <b>813-269-0899</b>		