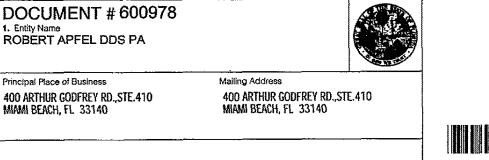
## **2004 FOR PROFIT CORPORATION**ANNUAL REPORT **DOCUMENT # 600978** 1. Entity Name ROBÉRT APFEL DOS PA

**FILED** Apr 26, 2004 08:00 AM Secretary of State

CR2F034 /10/03)



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04212004	0, 2200 . (72, 00)				
4. FEI Number		Applied For			
59-1261897		Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional			

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RUFFNER, CHARLES 3001 S.W. 3RD AVENUE, STE.100 MIAMI, FL 33129-9799

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Cha-P

04212004

the obligations of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable (NOTE, Registered	Agent signasin	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	04/26/04-80058-013 150.00			
10.	OFFICERS AND DIREC	TORS	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APFEL,ROBERT 550 SABAL PALM DR. MIAMI, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STRIET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 reserver 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.								