


**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90006 023 ***158.75

DOCUMENT # 637341	
1. Entity Name APA-INTERNATIONAL FILM DISTRIBUTORS, INC.	

Principal Place of Business 4872 SW 72 AVE MIAMI, FL 33150 US <i>33155</i>	Mailing Address 4872 SW 72 AVE MIAMI, FL 33150 US <i>33155</i>
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1947458	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUSARO, RAFAEL
4872 SW 72 AVE
MIAMI, FL 33155

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUSARO, RAFAEL 4872 SW 72 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARTINEZ, MARIA A. 4872 SW 72 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Maria A. Martinez* MARIA A. MARTINEZ 3/26/07 305 666 0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #