

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 637341**

1. Entity Name  
**APA-INTERNATIONAL FILM DISTRIBUTORS, INC.**



Principal Place of Business  
**4872 SW 72 AVE  
MIAMI, FL 33155 US**

Mailing Address  
**4872 SW 72 AVE  
MIAMI, FL 33155 US**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**FUSARO, RAFAEL  
4872 SW 72 AVE  
MIAMI, FL 33155**

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000906433  
U5/U2/U8-8UD22-007 150.00

**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
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**DO NOT WRITE  
IN THIS SPACE**

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** *4/16/08* *305 666-0030*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #