2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 656042

Entity Name

APOLLO RARE COINS & STAMPS II, INC.



Principal Place of Business

% SANDRA M BELFER 2073 NE 163 ST

N MIAMI BEACH, FL 33162

Mailing Address

% SANDRA M BELFER 2073 NE 163 ST N MIAMI BEACH, FL 33162 FILED Apr 19, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| 4. FEI Number 59-1980743 | _ | Applied For | |
|----------------------------------|---|-----------------------------------|--|
| 28-1800142 | | Not Applicable | |
| 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |

8. Name and Address of Current Registered Agent

BELFER, SANDRA M 2073 NE 163RD ST MIAMI, FL 33162

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

04122004

| muruva, r C | 33702 | | IN | THIS SPACE | | |
|---|---|---|--|--|---|--|
| | named entity submits this statement for the plons of registered agent. | urpose of changing its registere | d office or registered agent, or b | ooth, in the State of Florida. I am familian | with, and accept | |
| Signature Signature, typed or printed name of registered agent and total applicable. (NOTE, Registered Agent signature required when renate | | | Agent signature required when reinstating) | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. | | | cing \$5.00 May Be | U00000120683 | | |
| 10. | OFFICERS AND DIREC | TORS | | 04/20/04-80019-018 | 150.00 | |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP | VD BELFER, SCOTT 2073 NE 163 ST N MIAMI BEACH, FL | | | | | |
| TITLE NAME STREET ADDRESS CXTY-ST-ZIP | PD BELFER, SANDRA M 2073 NE 163RD ST N. MIAMI BEACH, FL 33162 | · · | | | | |
| rile Name Street Address City-St-Zip | | | DC | NOT WRITE | | |
| TIPLE NAME STREET ADDRESS CITY-ST-ZP | | | IN | THIS SPACE | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | ************************************** | Million of Arthur Field (Million West 1995) | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | / 1 | | est s | |
| 12. I hereby indicated of the color changed | certify that the information supplied with this fit on this report or supplemental seport is true a poration or the receiver or trustee empowers or on an attachment with an address, with all | ing does not qualify for the exer ind accurate and that my signal to execute this report as requir other like empowered. | nption stated in Section 119.07(: ure shall have the same legal eff ed by Chapter 607, Florida Statu | 3(i), Florida Statutes, I further certify that ect as if made under oath, that I am an ides, and that my name appears in Block | t the Information officer or director k 10 or Block 11 if | |