


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005442		
1. Entity Name APX LOGISTICS, INC.		

FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business 9939 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670	Mailing Address 9939 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4629208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 GARBERICH, BRADLEY S 9939 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLIOTT, JAMES 9939 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MICHAEL 9939 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIGAN, MICHAEL 9939 NORWALK BOULEVARD SANTA FE SPRINGS, CA 90670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

04/13/05-80079-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley Garberich
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____