

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000003841

1. Entity Name
APPCO FINANCE CORPORATION



Principal Place of Business
**3155 NW 77 AVE
MIAMI, FL 33122-1205**

Mailing Address
**3155 NW 77 AVE
MIAMI, FL 33122-1205**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2552034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAON, ALBERTO ESQ
3155 NW 77 AVE
MIAMI, FL 33122-1205**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000680384
04/03/07-80076-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	ESPIN, ROBERTO
STREET ADDRESS	3155 NW 77 AVE
CITY-ST-ZIP	MIAMI, FL 331221205
TITLE	VPD
NAME	WALTON, KEVIN
STREET ADDRESS	3155 NW 77 AVE
CITY-ST-ZIP	MIAMI, FL 331221205
TITLE	ST
NAME	ALDULAIMI, RACHAEL
STREET ADDRESS	3155 NW 77 AVE
CITY-ST-ZIP	MIAMI, FL 331221205
TITLE	D
NAME	JACKSON, SHAUN
STREET ADDRESS	3155 NW 77 AVE
CITY-ST-ZIP	MIAMI, FL 331221205
TITLE	D
NAME	CLARK, JOHN
STREET ADDRESS	3155 NW 77 AVE
CITY-ST-ZIP	MIAMI, FL 331221205
TITLE	D
NAME	STAR, WILLIAM
STREET ADDRESS	3155 NW 77TH AVE.
CITY-ST-ZIP	MIAMI, FL 33122

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

305-716-6009

Daytime Phone #