


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90349 047 \*\*\*150.00

<b>DOCUMENT # F03000003841</b> 1. Entity Name <b>APPCO FINANCE CORPORATION</b>					
Principal Place of Business <b>3155 NW 77 AVE MIAMI, FL 33122-1205</b>			Mailing Address <b>3155 NW 77 AVE MIAMI, FL 33122-1205</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-2552034</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NAON, ALBERTO ESQ 3155 NW 77 AVE MIAMI, FL 33122-1205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ESPIN, ROBERTO <input type="checkbox"/> Delete 3155 NW 77 AVE MIAMI, FL 331221205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALTON, KEVIN <input type="checkbox"/> Delete 3155 NW 77 AVE MIAMI, FL 331221205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALDULAIMI, RACHAEL <input type="checkbox"/> Delete 3155 NW 77 AVE MIAMI, FL 331221205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, SHAUN <input type="checkbox"/> Delete 3155 NW 77 AVE MIAMI, FL 331221205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JOHN <input type="checkbox"/> Delete 3155 NW 77 AVE MIAMI, FL 331221205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAR, WILLIAM <input checked="" type="checkbox"/> Delete 3155 NW 77TH AVE. MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alberto Naon</b> <b>Director</b> <b>3155 NW 77 Ave</b> <b>Miami, FL 331221205</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/21/08</b> <span style="float: right;">(305) 716-6009</span> <small>Daytime Phone #</small>		