

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90013 045 \*\*\*150.00

<b>DOCUMENT # F06000000104</b> 1. Entity Name <b>AMERICAN PROPERTY MANAGEMENT AND REALTY, INC.</b>			
Principal Place of Business <b>8524 NW 46TH DRIVE CORAL SPRINGS FL 33067</b>		Mailing Address <b>8524 NW 46TH DRIVE CORAL SPRINGS FL 33067</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>6276 Wiles Rd. 306</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Coral Springs</b>		City & State <b>Coral Springs</b>	
Zip <b>33067</b>	Country	Zip <b>33067</b>	Country <b>Broward</b>
6. Name and Address of Current Registered Agent  <b>KATES, DONALD 8524 NW 46TH DRIVE CORAL SPRINGS FL 33067</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing - <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KATES, DONALD 8524 NW 46TH DRIVE CORAL SPRINGS FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/07)

4. FEI Number **86-1154911** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #