

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|                                                                         |                                                         |                                                                                   |
|-------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # H33934</b><br>1. Entity Name<br>APMAT HOUSING CORPORATION |                                                         |  |
| Principal Place of Business<br>5291 EHRLICH ROAD<br>TAMPA, FL 33624     | Mailing Address<br>5291 EHRLICH ROAD<br>TAMPA, FL 33624 |                                                                                   |

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-2478490                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required                      |

**6. Name and Address of Current Registered Agent**

DE ALEJO, ALBERTO JR.  
2929 HAWTHORNE RD  
TAMPA, FL 33611

**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 revesting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>DE ALEJO JR., ALBERTO A.<br>2929 HAWTHORNE RD<br>TAMPA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>DE ALEJO, NICOLAS<br>2929 HAWTHORNE RD<br>TAMPA, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |

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01/20/05-80016-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 partner 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 #

*Alberto de Alejo Jr.* **ALBERTO de Alejo Jr.** 1/13/05 813-245-8700