


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K19395
 1. Entity Name
 APU, INC.



Principal Place of Business Mailing Address
 1467 SW 17 TERRACE 1467 SW 17 TERRACE
 MIAMI, FL 33145 US MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0050860 Not Applicable

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

6. Name and Address of Current Registered Agent
 KOCIJANCIC, ELIO
 1467 SW 17 TERRACE
 MIAMI, FL 33145

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORONADO, MANUEL A.
STREET ADDRESS	CALLE 34 LA MARQUESA H-1
CITY-ST-ZIP	LIMA, PERU.
TITLE	TD
NAME	CORONADO, MANUEL A
STREET ADDRESS	CALLE 34 LA MARQUEZA H-1
CITY-ST-ZIP	LIMA, PERU.
TITLE	SD
NAME	KOCIJANCIC, ELIO
STREET ADDRESS	1467 SW 17 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/10/06-80002-024 150.00

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: Elvio Kocijancic 2/20/06 (305) 858-5507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #