


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L31813</b>	
1. Entity Name <b>APA MANAGEMENT, INC.</b>	

Principal Place of Business <b>1320 SOUTH DIXIE HIGHWAY SUITE 1060 CORAL GABLES, FL 33146</b>	Mailing Address <b>1320 S DIXIE HWY. STE. 1060 CORAL GABLES, FL 33146</b>
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02282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0159262</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOYA, FRANK  
1320 S DIXIE HWY.  
STE. 1060  
CORAL GABLES, FL 33146**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD WITHERSPOON, GENE C. 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCNULTY, JOAN 1828 SE FIRST AVE. FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGEL, EUGENE 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MOYA, FRANK 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYA, ELIZABETH 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTIGER, MONTE 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146

00000529726  
04/25/05-80135-002 150.00

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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 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:**  **Frank Moya, Director** **04/21/05** **305-666-3002**