2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L31813

1. Entity Name
APA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY SUITE 1060 CORAL GABLES, FL 33146	1320 S DIXIE HWY. STE. 1060 CORAL GABLES, FL 33146

04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0159262
☐ Applied For
☐ Not Applicable

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

000005182?5
05/02/06-80004-005 150.00

DO NOT WRITE IN THIS SPACE

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 [illegible] empowered.

SIGNATURE X _____ Frank Moya X 04/05/06 305-666-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #