

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31813

FILED
Apr 01, 2009
Secretary of State

Entity Name: APA MANAGEMENT, INC.

Current Principal Place of Business:

5915 PONCE DE LEON BLVD
SUITE 19
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5915 PONCE DE LEON BLVD
SUITE 19
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0159262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, FRANK
5915 PONCE DE LEON BLVD
STE. 19
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WITHERSPOON, GENE C.
Address: 5915 PONCE DE LEON BLVD STE. 19
City-St-Zip: CORAL GABLES, FL 33146

Title: DST () Delete
Name: MCNULTY, JOAN
Address: 1828 SE FIRST AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: NAGEL, EUGENE
Address: 5915 PONCE DE LEON BLVD STE. 19
City-St-Zip: CORAL GABLES, FL 33146

Title: CEOD () Delete
Name: MOYA, FRANK
Address: 5915 PONCE DE LEON BLVD STE. 19
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: MOYA, ELIZABETH
Address: 5915 PONCE DE LEON BLVD STE. 19
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: LICHTIGER, MONTE
Address: 5915 PONCE DE LEON BLVD STE. 19
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: MCNULTY, JOAN
Address: 1828 SE FIRST AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOYA, FRANK
Address: 5915 PONCE DE LEON BLVD STE. 19
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MOYA

D

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date