


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # M04925	
1. Entity Name AMERICAN PRESS, CORP.	

Principal Place of Business 6914 STIRLING ROAD HOLLYWOOD, FL 33024 US	Mailing Address 6914 STIRLING ROAD HOLLYWOOD, FL 33024 US
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2448051	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 SANCHEZ, JOSE A., JR. 3900 W SAILBOAT DR COOPER CITY, FL 33026
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JOSE A. JR. 3900 W. SAILBOAT DR. COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANCHEZ, BARBARA T. 3900 W. SAILBOAT DR. COOPER CITY, FL
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04/26/06-00064-006 150.00

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 changed, or on an attachment with an address with an other like empowered.

SIGNATURE: *Barbara T. Sanchez* **BARBARA T. SANCHEZ** 4-10-06 954-963-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #