

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M05656

1. Entity Name
A.P. TRADING CORPORATION



Principal Place of Business

8620 NW 64 ST
#13
MIAMI, FL 33166 US

Mailing Address

8620 NW 64 ST
#13
MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2599365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ALFONSO
2001 N OCEAN BLVD. #180
BOCA RATON, FL 33432

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PEREZ, ALFONSO
STREET ADDRESS	2001 N OCEAN BLVD. #180
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	SOUBLETTE, MARGARITA
STREET ADDRESS	2001 N OCEAN BLVD. #180
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TR
NAME	PEREZ SOUBLETTE, NICOLAS
STREET ADDRESS	11548 NW 48 TER
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Margarita M. Soubllette* MARGARITA M. SOUBLETTE 4/16/04 305 888-591-72
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #