

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2005 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



02222005 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**

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, 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 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**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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02/25/05-80025-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/05-