

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M20735

FILED
Apr 15, 2009
Secretary of State

Entity Name: APRICOT OFFICE SUPPLIES & FURNITURE, INC.

Current Principal Place of Business:

1013 PARK CENTRE BLVD
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1013 PARK CENTRE BLVD
MIAMI GARDENS, FL 33169

New Mailing Address:

1013 PARK CENTRE BLVD
MIAMI GARDENS, FL 33169 US

FEI Number: 59-2663744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVERA, STACEY
20221 NE 21 AVENUE
MIAMI, FL 33179 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: BERNARD, BASIL M
Address: 113 NIGHTHAWK AVE.
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: BERNARD, MARLENE A
Address: 113 NIGHTHAWK AVE.
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: SILVERA, GREGORY A
Address: 20221 NE 21ST AVENUE
City-St-Zip: MIAMI, FL 33179

Title: VSD () Delete
Name: SILVERA, STACEY E
Address: 20221 NE 21ST AVENUE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STACEY SILVERA

VSD

04/15/2009

Electronic Signature of Signing Officer or Director

Date