

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> M23581
<b>1. Entity Name</b> APIT, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4166 WOODS END ROAD Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> BOCA RATON, FL	<b>City &amp; State</b>
<b>Zip</b> 33487	<b>Country</b>

<b>4. FEI Number</b> 59-2605717	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> TRUDY DI DOMENICO	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4166 WOODS END ROAD	
<b>City</b> BOCA RATON	<b>FL</b> <b>Zip Code</b> 33487

**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** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution:**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	P/D TRUDY DI DOMENICO 4166 WOODS END ROAD BOCA RATON, FL 33487	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	U00000877348 04/14/08-90010-025-150.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	VP/D PHILIP S KAPITULNIK 7704 NATURE TRAIL LAKELAND, FL 33809	<b>TITLE</b> NAME <b>STREET ADDRESS</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Trudy Di Domenico* **PRESIDENT** *Trudy D. Domenico* **3/27/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**