

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 05, 2012
Secretary of State

DOCUMENT# N02000009261

Entity Name: A.P.E.T. CORP.**Current Principal Place of Business:**1514 BIRD RD.
CORAL GABLES, FL 33146**New Principal Place of Business:**702 WEST ATLANTIC AVE
DELRAY BEACH, FL 33444**Current Mailing Address:**1514 BIRD RD.
CORAL GABLES, FL 33146**New Mailing Address:**P O BOX 8753
MARGATE, FL 33093**FEI Number:** 16-1642483**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRESMY, MARIE C
1514 BIRD RD
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**PRESMY, MARIE C
702 WEST ATLANTIC AVE
DELRAY BEACH, FL 33444 US

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:

06/05/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: PRESMY, MARIE C
Address: 702 WEST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD
Name: DOMOND, MALIQUE
Address: 702 WEST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD
Name: PRESMY, MARIE
Address: 702 WEST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD
Name: ABELLARD, BLANCHARD
Address: 702 WEST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE PRESMY

PD

06/05/2012

Electronic Signature of Signing Officer or Director_____
Date