2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11638

FILED Apr 29, 2004 Secretary of State

Entity Name: ASSOCIATION OF PUBLIC CORPORATIONS, INC.

Current Principal Place of Business: New Principal Place of Business:

1320 SOUTH DIXIE HWY SUITE 841 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

350 E LAS OLAS BLVD 1150

FORT LAUDERDALE, FL 33301 US

FEI Number: 59-2645179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROLAND, LESILE J PA 350 E LAS OLAS BLVD 1150

FORT LAUDERDALE, FL 33301 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:

Floring Complete of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 PD (X) Change () Addition

 Name:
 PEKOR, ALLEN,
 Name:
 JOHN O'CONNELL,

 Address:
 C/O 700 NW 107TH AVE
 Address:
 2200 ELLER DRIVE PO BOX 13038

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:
 FT. LAUDERDALE, FL 33316

Title: PD () Delete Title: SD (X) Change () Addition Name: SARIEGO, JOSE Name: CROLAND, LESLIE,

 Address:
 3155 NW 77TH AVE
 Address:
 350 E. LAS OLAS BLVD. #1150

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:
 FT. LAUDERDALE, FL 33301

Title: SD () Delete Title: T (X) Change () Addition Name: CROLAND, LESLIE J., Name: MOJENA, HECTOR,

Address: 701 BRICKELL AVE. #2000 Address: 2 SO. BISCAYNE BLVD. 28TH FLOOR

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

 Name:
 MAJENA, HECTOR S
 Name:

 Address:
 2 SOUTH BISCAYNE BLVD
 28TH FL
 Address:

 City-St-Zip:
 MIAMI, FL
 33131
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JACK O'CONNELL PD 04/29/2004