

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90023 030 \*\*\*150.00

**DOCUMENT # P00000010930**

1. Entity Name  
**AMERICAN PRODUCT TECHNOLOGY INC.**



Principal Place of Business

10750 SW 24TH STREET  
MIAMI, FL 33165

Mailing Address

10750 SW 24TH STREET  
MIAMI, FL 33165

64040111



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0976645**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SARACENI, WAGNER R  
~~21023 BE 34TH PLACE~~  
AVENTURA, FL 33180

*21023 NE 34TH PLACE*

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 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 SARACENI, WALDEMAR  
STREET ADDRESS ~~21023 BE 34TH PLACE~~ *21023 NE 34TH PLACE*  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE SD  
NAME SARACENI, WILLIAM R  
STREET ADDRESS ~~21023 BE 34TH PLACE~~ *21023 NE 34TH PLACE*  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D  
NAME SARACENI, WAGNER R  
STREET ADDRESS ~~21023 BE 34TH PLACE~~ *21023 NE 34TH PLACE*  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D  
NAME SARACENI, WALDEMAR A  
STREET ADDRESS ~~21023 BE 34TH PLACE~~ *21023 NE 34TH PLACE*  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Waldemar Saraceni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #