

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90049 015 \*\*\*150.00

DOCUMENT # P00000080777

1. Entity Name

APOLLO DEVELOPMENT CORP.



Principal Place of Business

5 ISLAND AVENUE #11D  
MIAMI BEACH FL 33139-1340

Mailing Address

1344 VAN BUREN ST  
HOLLYWOOD FL 33019

94032436

2. Principal Place of Business

1344 VAN BUREN ST.

3. Mailing Address

Suite, Apt. #, etc.

HOLLYWOOD, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33019

Country

BROWARD

Zip

Country

4. FEI Number

65-1083731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANS, PETER  
5 ISLAND AVENUE #11D  
MIAMI BEACH FL 33139-1340

7. Name and Address of New Registered Agent

Name

HANS PETER

Street Address (P.O. Box Number is Not Acceptable)

1344 VAN BUREN ST.

City

HOLLYWOOD

FL

Zip Code

33019

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

*Hans Peter as per*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
HANS, PETER  
5 ISLAND AVENUE #11D  
MIAMI BEACH FL 33139-1340

☐ Delete

1344 VAN BUREN ST.  
HOLLYWOOD FL 33019

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Hans Peter as per*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

Daytime Phone #