


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 # P0000080777
 1. Entity Name
APOLLO DEVELOPMENT CORP.



Principal Place of Business Mailing Address
5 ISLAND AVENUE #11D **1344 VAN BUREN ST**
MIAMI BEACH FL 33139-1340 **HOLLYWOOD FL 33019**

94032436



MOORE CR2E034 (11/03)

2. Principal Place of Business
1344 VAN BUREN ST.
 Suite, Apt. #, etc.
HOLLYWOOD, FL
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 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.
HOLLYWOOD
 City **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* DATE **3/15/04**
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
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 <i>1344 VAN BUREN ST. HOLLYWOOD FL 33019</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* Date **3/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #