


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 009 ***550.00

DOCUMENT # P0000080777

1. Entity Name
APOLLO DEVELOPMENT CORP.



Principal Place of Business Mailing Address
1344 VAN BUREN ST **1344 VAN BUREN ST**
HOLLYWOOD, FL 33019 **HOLLYWOOD, FL 33019**

2. Principal Place of Business 3. Mailing Address
8207 Biscayne Blvd. **8207 Biscayne Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. 1 **Apt. 1**

City & State City & State
Miami, FL **Miami, FL**

Zip Country Zip Country
33138 **33138** **33138** **33138**

4. FEI Number Applied For
65-1083731 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

05032006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent

HANS, PETER
1344 VAN BUREN ST.
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
8207 Biscayne Blvd.
Apt. 1
 City State Zip Code
Miami **FL** **33138**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	<input type="checkbox"/> Delete
PSTD	HANS, PETER	1344 VAN BUREN ST	HOLLYWOOD, FL 33019	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		8207 Biscayne Blvd., Apt. 1	Miami, FL 33138	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **06-27-06** Daytime Phone #: **305-300-9889**