


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90189 046 \*\*\*150.00

<b>DOCUMENT # P00000103420</b>	
1. Entity Name AP USA INC.	

Principal Place of Business 155 OCEAN LAKE DRIVE APT. #709 KEY BISCAVNE, FL 33149	Mailing Address 7925 N.W. 12TH STREET SUITE 318 MIAMI, FL 33126
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2. Principal Place of Business 240 CRANDON BLVD Suite, Apt. #, etc. SUITE 127 City & State KET: BISCAVNE, FLORIDA Zip 33149	3. Mailing Address 7925 NW 12TH STREET Suite, Apt. #, etc. SUITE 407 City & State MIAMI, FLORIDA Zip 33126	Country USA
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04282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1053245		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PUERTA, ANGELA M 155 OCEAN LAKE DRIVE APT. 709 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name ANGELA M. PUERTA Street Address (P.O. Box Number is Not Acceptable) 240 CRANDON BLVD SUITE 127 City KEY: BISCAVNE FL Zip Code 33149

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 ANGELA M. PUERTA (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PUERTA, ANGELA M 155 OCEAN LAKE DRIVE - APT. 709 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANGELA M PUERTA 240 CRANDON BLVD SUITE 127 KEY BISCAVNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: ANGELA M. PUERTA 04/05/04 786-4872353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #