

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 021 ***150.00

DOCUMENT # P01060001108
1. Entity Name
AP Solutions Inc.

U B R

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3500 N. St. Road 7</u> Suite, Apt. #, etc. <u>Suite 439</u> City & State <u>Lauderdale Lakes, FL</u> Zip <u>33319</u> Country <u>USA</u>		3. Mailing Address <u>3500 N. St. Road 7</u> Suite, Apt. #, etc. <u>Suite 439</u> City & State <u>Lauderdale Lakes, FL</u> Zip <u>33319</u> Country <u>USA</u>	
--	--	--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1067572</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Steven R. Danielson, EA.
Street Address (P.O. Box Number is Not Acceptable)
801 South Federal Highway
City Hollywood FL Zip Code 33020

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.
SIGNATURE Steven R. Danielson, EA DATE 4/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President, Director</u> <u>Yvon Andros Andrieu</u> <u>3500 N. St. Road 7, Suite 439</u> <u>Lauderdale Lakes, FL 33319</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice president</u> <u>Robinson Romero</u> <u>3500 N. St. Road 7, Suite 439</u> <u>Lauderdale Lakes, FL 33319</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Eloy David Franco</u> <u>3500 N. St. Road 7, Suite 439</u> <u>Lauderdale Lakes, FL 33319</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Yvaida Andrieu</u> <u>3500 N. St. Road 7, Suite 439</u> <u>Lauderdale Lakes, FL 33319</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.
SIGNATURE: [Signature] DATE 4/26/02 DAYTIME PHONE # (954) 739-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR