FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State
06-18-2003 90020 018 ***150.00

DOCUMENT # P01000011108

1. Entity Name
AP Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9010 SW 137th Av.	9010 SW 137th Av
Suite, Apt. #, etc. Suite 225	Suite, Apt. #, etc. Suite 225
City & State Miami FL	City & State Miami FL
Zip 33186 Country USA	Zip 33186 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1067572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Danielson Steven R EA

Street Address (P.O. Box Number is Not Acceptable): 801 South Federal Hwy

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 P NAME Yvon Andres Andrieu STREET ADDRESS 10764 NW 40th Street CITY-ST-ZIP Sunrise FL 33351	
TITLE VP NAME Robinson Romero STREET ADDRESS 9010 SW 137th Av. Suit #225 CITY-ST-ZIP Miami FL 33186	
TITLE S NAME Yoreida Andrieu STREET ADDRESS 10764 NW 40 ST. CITY-ST-ZIP Sunrise FL 33351	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/26/03 954-8221149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #